P
Med
N

Vol. CX DECEMBER, 1916 Number 12

NASHVILLE JOURNAL
OF
MEDICINE AND SURGERY

Established 1851

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
W. T. BRIGGS, M. D., Associate Editor

PUBLISHED MONTHLY - - $1.00 a Year in Advance

Entered at the Post-Office at Nashville, Tenn., as Second-Class Matter

Williams Ptg. Co,, Printers, 156 Fourth Avenue, North, Nashville, Tenn.

Quality
Efficiency
Uniformity
Tongaline

Rheumatism
Neuralgia
Sciatica
Lumbago
Tonsillitis

THE SALICYLIC ACID IN TONGALINE IS MADE FROM THE NATURAL OIL

Grippe, Gout
Nervous Headache
Malaria
Heavy Colds
Excess of Uric Acid

SAMPLES ON APPLICATION MELLIER DRUG COMPANY., ST. LOUIS

Contents for December, 1916

ORIGINAL COMMUNICATIONS.

The Increase of Cancer; Some Therapeutic and Prophylactic Deductions 529

SELECTED ARTICLES.

Surgery and the Surgeon 541

EXTRACTS FROM HOME AND FOREIGN JOURNALS.

SURGICAL.

The Fate of Patients Who Have Had Stones Removed from the Kidney 546
The Use of Heat in the Control of Inoperable Cancer 546
The Treatment of Radium of Carcinoma of the Prostate and Bladder 547
The Shockless Operation 548
The Value to the Surgeon of a Thorough Understanding of Therapeutic Agents 548
Death of a Sword Swallower 549
Toxicity of Salvarsan 549

MEDICAL.

Bacillaemia in Tb. Shown by Post-mortem Clots from Heart 550
Epidemics of Pemphigus Neonatorum in Chicago 551
Medical Treatment of Gastric and Duodenal Ulcers 551
Roentgen-Ray Treatment of Exophthalmic Goitre 552
Measles, Pertussis and Pneumonia 553
The Use of Salt Solution by the Bowel in Infants and Children 553
Bacterial Contamination 554

OBSTETRICAL.

Backward Displacement of the Uterus After the Menopause 554
Acute Renal Infection in Pregnancy and the Puerperium 555
Pituitary Extract in Post-Abortion Curettage 556
Left Fallopian Tube Found in Left Femoral Hernia 557
Uterine Fibroids 557
Tubal Sterilization 558

EDITORIAL 559

OBITUARY 564

PUBLISHER'S DEPARTMENT 576

BRONCHIAL COUGHS

and other respiratory affections so often owe their intractability to malnutrition and debility that vigorous tonic medication always forms one of the first and most important indications for their treatment. The results that uniformly follow the use of

Gray's Glycerine Tonic Comp.

in this class of affections, prove the wisdom, therefore, of "treating the patient as well as the disease." The exceptional efficiency of this time-tried tonic in all diseases of the air passages has led to its widespread recognition as one of the general practitioner's most dependable allies in his annual conflict with winter coughs and colds.

Its results moreover, are permanent—not transitory.

THE PURDUE FREDERICK CO., 298 Broadway, New York.

LISTERINE

the well-proven and time-tried solution, has been prescribed by the Medical Profession with very satisfactory results for thirty-five years in the treatment of Respiratory Diseases incident to Fall and Winter climatic conditions.

LISTERINE

one part, hot water three parts, is a useful gargle for sore throat. In mucous catarrhs, Listerine, suitably diluted, is most effectively applied by means of the spray apparatus or douche.

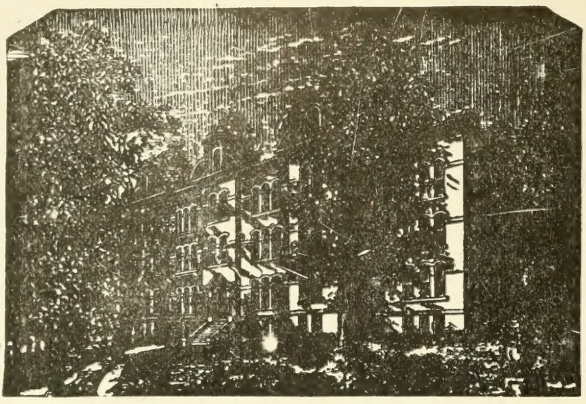
LISTERINE

is not only a vehicle for specially indicated alteratives, resolvents and astringents, but is itself an efficient, non-irritating antiseptic that is safe, pleasing to the taste and promptly effective.

A treatise on Respiratory Diseases will be forwarded members of the medical profession on request.

LAMBERT PHARMACAL COMPANY

TWENTY-FIRST AND LOCUST STS., ST. LOUIS, MO.



Beechhurst Sanitarium

Louisville, Ky.

H. B. SCOTT, A.M., M.D. - - Medical Supt.
E. P. THOMAS - - - - Business Manager

A Sanitarium for the Treatment of Mild Mental Diseases, Drug Addictions and Alcholism.

The main building at Beechhurst is commodious, and has been remodeled and newly furnished. Detached apartments for special cases, besides arrangements in both male and female departments for classification of patients. It is heated by steam, lighted by electricity, and water supplied by city waterworks.

Grounds elevated, ample, and beautifully wooded. Location retired, although within half a mile of East Louisville Station, and four hundred yards from the street car line.

Treatment: Such as is ordinarily employed in proper institutions of similar character.

Long Distance Telephone, East, 257-A. Home Telephone, 3565.

SANMETTO FOR GENITO-URINARY DISEASES.

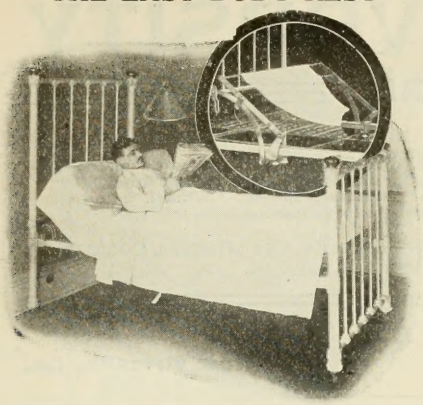
A Soothing Healer to Inflamed Conditions.
A Tonic-Stimulant to the Reproductive System.

Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—
Enuresis—Cystitis—Urethritis—Pre-Senility.

SOOTHING—RELIEVING—RESTORING.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

THE EASY BODY REST



SOLID COMFORT.

Get one now. You need it for sitting or lying in bed. A solid unbreakable steel frame attachable to any metal bed. Change from flat to reclining or sitting posture instant and easy. Makes reading, writing or eating in bed a pure pleasure.

In sickness a Godsend to patient, doctor and nurses or attendants in the sick room. A boon to nursing mothers. Better than medicine for convalescents. Changing position relieves bed weariness, nervousness, strain, bed sores. No shifting or bunching of hot pillows. Cool, hygenic. Drops out of way and out of sight when not needed. For present comfort and possible emergency should be in every home.

Used in all hospitals, sanitariums and in 100,000 homes. Highly recommended by doctors and nurses everywhere. Price only $5. F. O. B. Chicago. Money back if not perfectly satisfied. Order today.

Illustrated Booklet Free.

OVER 65 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &C.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. HANDBOOK on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive *special notice*, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, **New York**
Branch Office, 625 F St., Washington, D. C.

CHECK INSURANCE

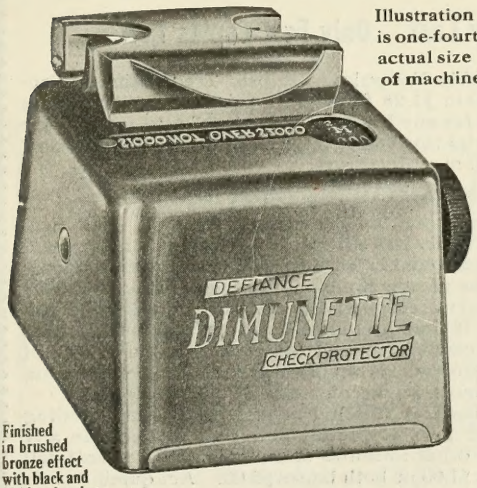


Illustration is one-fourth actual size of machine

Finished in brushed bronze effect with black and nickle trimming

Would you be willing to pay $7.50 for a guarantee that during the next four or five years none of your checks would be raised, and to free yourself from any liability beyond the amount for which your checks are drawn. Figure it out. It's cheap insurance.

We have a wonderful little Check Protector. In service it is equal to the $35 00 and $65.00 machines. It is strongly and simply constructed—nothing to get out of order, and will last for years. It gives standard protection (which is by breaking the paper and forcing acid proof ink into the fibre). Let us enter your order now. It's only $7.50.

Or, we will send it to you for ten days trial, and if, at the end of that time, you are not entirely satisfied with it, you may return it to us.

WILLIAMS PRINTING CO.

Phone Main 1601 **156 Fourth Ave., N.** **NASHVILLE, TENN.**

TULANE UNIVERSITY
OF LOUISIANA

MEDICAL DEPARTMENT (Under-Graduate)

83rd Annual Session opens October 1, 1916. Four years' course; unexcelled laboratory and clinical facilities. Dormitory for medical students in first two years. Over 70 teachers.

DEPARTMENT OF PHARMACY

Established in 1838. Two graded course of 32 weeks for degree of Ph.C. Food and drug analysis for students prepared. Women admitted on same terms as men.

OPPORTUNITIES FOR CLINICAL INSTRUCTION UNSURPASSED BY ANY MEDICAL COLLEG IN THE UNITED STATES. FEES AVERAGE ABOUT $1.50 PER SESSION.

FOR CATALOGS ADDRESS

DR. ISADORE DYER, Dean

P. O. Drawer 261 **New Orleans, La.**

ST. JOSEPHS MATERNITY

Cor. Magazine and Race Sts., New Orleans, La.

This institution is prepared to accommodate married patients as well as those desiring strict privacy during pregnancy and confinement.

Private rooms and ward service. Special confinement and operating-room, and all other modern facilities for attention to maternity patients.

For further particulars address SISTERS OF CHARITY,
Cor. Magazine and Race Sts.,
New Orleans, La.

J. J. RYAN, M. D. Physician in Charge.

Kramer's $5.00 Book of Trade Secrets

Reduced to $1.00 While They Last. Only Few Copies Left.

The price of Kramer's Book of Valuable Formulas, Recipes, Trade Secrets, Processes," etc., has been reduced from $5.00 to $1.25 for a short time. Order the book while you can get it. "Its" a spring tonic for any business. Did "go" into every State and Canada, besides several foreign countries this year. "It" makes business "go" and brings in the $ $ $ to you. Endorsed by all manufacturers.

THERE IS ONLY ONE KRAMER'S BOOK

"Kramer's Book of Trade Secrets" was written by Adolph Kramer, Analytical Chemist, assisted by other experts. Mr. Kramer was educated in Germany's most noted Technical schools, and was for over 30 years connected with the large manufacturing concerns in Germany and the U. S. It is the most complete thing ever written on flavoring Extracts, giving formulas that have never been published, costing from 30c per gallon and wholesaling for $3.50 per gal. up. It contains hundreds of other formulas which never have appeared in print, where the cost has ranged for each formula to sets of formulas, from $5.00 to $100.00. Every person who is out of employment can make more out of this book than a person in ordinary business can on a capital of $10,000.

"KRAMER ON ICE CREAM" is a booklet which has just been issued, telling how to make a prime **ICE CREAM** for 10c gal., absolutely pure and will pass in any food law State, besides giving a number of other formulas and information. Can't tell all about it here. Regular price $2 50, now $1.00 or both books $2.00. Act quick.

SIOUX PUBLISHING COMPANY, Desk U. **Sutherland, Iowa.**

DO BUSINESS BY MAIL

Start with accurate lists of names we furnish—build solidly. Choose from the following or any others desired.

APRON MFRS.	DRUGGISTS	DOCTORS
CHEESE BOX MFRS.	AUTO OWNERS	AXLE GREESE MFRS.
SHOE RETAILERS	WEALTHY MEN	RAILROAD EXPLOYES
TIN CAN MFRS.	ICE MFRS.	CONTRACTORS

Our complete book of mailing statistics on 7000 classes of prospective customers for the asking.

ROSS-GOULD **North 9th St.** **ST. LOUIS**

The Ideal Electrical Illuminating Outfit

FOR EVERY PURPOSE AND USE

The most practical and convenient outfit for Physicians and Surgeons where a good light is required and an advantage in making his emergency calls to examine and treat the Throat, the Nares, Eye, Ear and many other uses. This complete outfit with all attachments including Tongue Depresser, Ear Speculum and curved and straight metal attachments for the mouth, etc., and regular pen light which carries in the pocket like a fountain pen, also includes three separate light attachments; mailed anywhere in receipt of $3.50. Literature on request.

Ideal Electrical Supply Co.

299 BROADWAY *NEW YORK CITY*

The Jefferson Medical College

1825 OF PHILADELPHIA 1909

A Chartered University Since 1836

90th Annual Session Begins Sept. 24th, 1914, and Ends June 6th, 1915

The Course is of four years duration and is eminently practical throughout. Practical manual training in ten different and fully equipped laboratories. Recitations by members of the Faculty and others. The new Jefferson Hospital, with unsurpassed facilities for clinical teaching, entirely owned and controlled by the College, is devoted to the instruction of students. Small sections and intimate personal contact with patients in the wards and dispensaries. A library of 4,200 volumes, in charge of a trained librarian, is available for the use of the students, without charge. An opportunity for every graduate to enter hospital service. An optional Five Year Course is offered. Post-graduate Courses throughout the summer and during the session. Special students possessing sufficient qualifications are admitted to all courses.

Special Announcements will be Sent Upon Application to

ROSS V. PATTERSON, M.D., Sub-Dean

Anasarcin
TRADE MARK

TABLETS

A DEPENDABLE REMEDY IN

Cardio Vascular Diseases

Clinical results have proven to thousands of physicians that Anasarcin is of unsurpassed remedial value in the treatment of disorders of the circulatory system and of ascitic conditions.
It controls heart action, relieves dyspnoea and eliminates effused serum.

Anasarcin's Distinctive Features

Dependability of the cardiac stimulant and diuretic properties of its ingredients made certain by standardization.
Prevention of toxic cumulative effect.
Distinct, definite dosage.
Absence of ill effects after prolonged administration.
Constructive influence upon circulatory and nutritive processes.
Restoration of balance between arterial and venous systems.
That you may observe the action of Anasarcin and subject it to an exacting clinical test, we will supply a sufficient quantity for that purpose without expense. To physicians only.

The ANASARCIN CHEMICAL COMPANY

WINCHESTER, TENNESSEE.

Thomas Christy & Co., London, Agents.

CHIONIA

A true hepatic stimulant that does not produce catharsis

PEACOCK'S BROMIDES
The BEST because the PUREST for prolonged Bromide Treatment

Remarkably serviceable in the treatment of Biliousness, Jaundice, Intestinal Indigestion, and the many conditions caused by hepatic torpor.

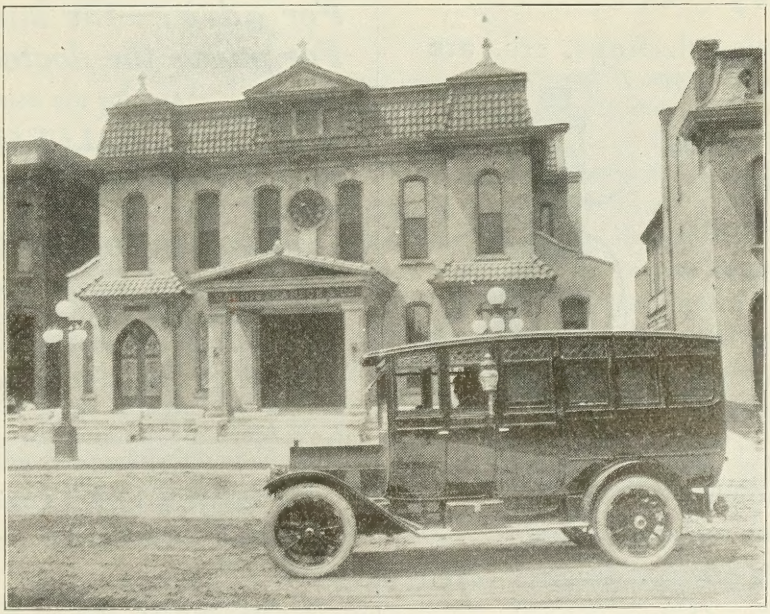
PEACOCK CHEMICAL CO.
St. Louis, Mo.

Dorris, Karsch & Co.

FUNERAL DIRECTORS

AUTO-AMBULANCE SERVICE

TELEPHONE MAIN 479



TELEPHONE MAIN 1369

CORNER OF COMMERCE STREET AND NINTH AVENUE, NORTH, NASHVILLE, TENNESSEE

Obstipation Following Operation

is *psychologically* depressing to the patient and causes him to "wonder if the operation was successful." Thus, dissatisfaction with the surgeon's result often arises both with the patient and with the family doctor. The patient becomes morbid, and even a hypochondriac, and "wonders if he will ever get well."

This is in addition to the *pathology* of the condition, namely, the autotoxemia arising from the obstipation, but **INTEROL,** as part of the post-operative treatment, coaxes the anesthetic-deranged peristalsis back to normal, at the same time softening, and then *lubricating* the feces around bends and angulations in the gut, making possible easy bowel movement, without straining at stool.

Some of our professional friends commence the **INTEROL** treatment one to three days following operation, and continue its use after the patient leaves the hospital.* Eventually, it is diminished and finally discontinued,—**INTEROL,** in most cases, does not have to be taken forever.

INTEROL is more than "ordinary mineral oil": (1) it possesses *effective lubricating body* so that it clings to the fecal mass—**INTEROL** has efficient "spread and mix" properties* (2) no "lighter" hydrocarbons to disturb the kidneys (3) no sulphur compounds to disturb digestion (4) no odor or flavor, so that the patient *can* take it and derive its benefit.

***INTEROL** booklet on request. Pint bottles, druggists.

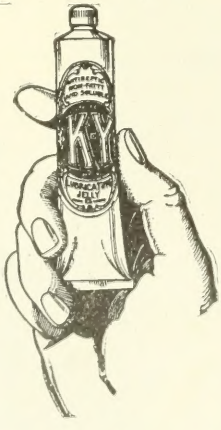
VAN HORN AND SAWTELL, 15 and 17 East 40th Street, New York City

---

Itches,

Irritations, chafings, etc., are exasperating, but—

K-Y Lubricating Jelly



quickly cools, soothes, and relieves. "Keeps the hands away, and doesn't grease the linen."

Sig: Wash off previous application before applying more.

Collapsible tubes, at druggists, 25c.

Samples and literature on request

VAN HORN AND SAWTELL
15-17 East 40th Street, New York City

For sympathy—the parson
For advice—the lawyer
For pain—the doctor

and for the doctor's use,—

K-Y ANALGESIC

which does not relieve every pain, but which is

"A POWER FOR COMFORT"

in a surprisingly great number of painful conditions, principally headache, neuralgia, and "rheumatic pain."

Where the physician does not wish to use a narcotic or a hypodermic, **K-Y ANALGESIC,** locally applied, will often be found sufficiently effective,—

"A POWER FOR COMFORT"

Greaseless, water-soluble, convenient, economical.

At druggists, collapsible tubes, 50c.
Booklet and sample on request

VAN HORN AND SAWTELL
15-17 East 40th Street, New York City

NASHVILLE JOURNAL
—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

VOL. CX. DECEMBER, 1916. No. 12

Original Communications

THE INCREASE OF CANCER; SOME THERAPEUTIC AND PROPHYLACTIC DEDUCTIONS.

BY DR. A. F. PLICQUE.

(Translated from the *Journal de Medecine et de Chirurgie Pratique,* October 10, 1916.

The formidable and continued increase of cancer is one of the saddest and most important facts of contemporary clinical medicine. Analyzing the paper of Dr. Liantier, of Lyon, on the actual state of the treatment of cancer, a recent article of this journal (No. 25080) shows that in France, in a period of twenty years, the mortality from malignant tumors had much more than doubled

In his book, in which statistics on the mortality of cancer have been carefully compiled, Fred L. Hoffmann* estimated at 500,000 as the annual number of deaths from cancer in the civilized countries. For all countries the annual average mortality in the five-year period from 1906 to 1910 reached 74.3 per 100,000 inhabitants.

*The mortality from cancer throughout the world (Newark, N. J., the Prudential Press, 1915).

In Switzerland, a country where cancer is most prevalent, this proportion reached 128.3 (in a period from 1901 to 1905), 125.9 (in the time from 1906 to 1910).

In Holland, in the period from 1906 to 1910, the annual mortality reached 103.5 per 100,000 inhabitants.

In the United States the number of deaths noted annually as resulting from cancer, reach 80,000. It should actually be more considerable. With the progressive increase of cancer, the mortality of this disease will, in a short time, certainly equal that of tuberculosis.

These statistical figures have already been noticed in the bibliography (article 25084) devoted to this important work. From a practical viewpoint it is possible to deduce from these a certain number of instructive details having relation to—

(1) The precancerous stage; (2) the difficulty of early diagnosis; (3) the influence of occupation; (4) the role of traumatism; (5) the effect of the dietary regimen and the immunity of vegetarianism; (6) the relation of cancer and goitre; (7) the parasitic origin of malignant tumors; (8) appendicitis with cancer; (9) the part played by the following diseases: Obesity, alcoholism, syphilis, gout, rheumatism, and diabetes; (10) the influence of tuberculosis and malaria. From a therapeutic point of view, quinine seems to possess a real efficacy. It is perhaps its frequent employment that explains the immunity of malarial regions.

I. *The Precancerous Stage.* A chronic, low grade of inflammation, irritation produced by pressure or repeated blows, an hyperplasia, a cicatricial tissue often precedes and favors the development of cancer. Keen and Bloodgood have reported sixty-five cases of moles which had undergone cancerous transformation (the malignant nature of the growths having been verified after removal.) Sixty-six cases of a similar nature removed at the first indication of cancerous development showed neither a tendency to return nor ultimate death from general involvement.

According to the statistics of Mayo, cancer of the stomach is in 60 to 70 per cent of cases preceded by an ulcer. It develops either at the site of an active ulcer or upon the cicatrix of an ulcer which had undergone cure. As for cancer of the biliary passages,

it will invariably be preceded by and caused by lithiasic calculi acting as foreign bodies. Hoffman incidentally remarks upon the considerable increase of mortality from biliary lithiasis. Even aside from its role as a local irritating agent, this disease seems to advance as to frequency along parallel lines with cancer. A deduction of practical importance has been formulated by Ewing: "Advanced cancer is incurable. Localized cancer may be eradicated. But the disease can certainly be relieved by treating it in its incipiency."

Precancerous lesions can usually be relieved by simple and nondangerous operations. At times they can be relieved by a mode of treatment even less violent. In case of persistency, stomach ulcers, warts, fissures and placques of the tongue, ulcerations of the cervix, pigmented moles and benign tumors ought always be removed with the conviction that such is the best means for preventing their frequent degeneration into malignant growths. Of the uterus, simple tumors, chronic inflammation of long standing, inveterate ulceration, erosions resulting from neglected lacerations of the cervix, are frequently lesions that precede cancer.

Ewing attaches great importance to chronic catarrh and erosions of the cervix. As to the body of the uterus he regards the most important predisposition as furnished by myomata and especially by fibromata enclosed within tissues analogous in structure to embryonic tissue and to that of the umbilical cord and of the vitreous humor.

Prophylaxis will consist in methodic study and attentive treatment of these lesions. The prophylaxis is above all to be directed to the local lesion. General measures of treatment, as a possible course, are to be adopted only as secondary means.

II. *The Difficulty of Early Diagnosis.* Early diagnosis is difficult, but is of the greatest importance. We give some of Cullen's opinions: "For the milky placques of the tongue in smokers, excision effects a complete and lasting cure. Left to themselves without interference, they degenerate unquestionably into cancer. In epithelioma of the lip, ablation affords every chance of cure without recurrence."

Cancer of the stomach is in general diagnosticated too late for useful intervention. If, for example, the classical symptoms are awaited, lesions far too extensive are encountered. Fluoroscopic examination often suffices to give warning in good time. But the suspicion of cancer should be verified without delay by exploratory laparotomy, the only way of knowing positively whether cancer is present or not.

In cancer of the intestine obstructive accidents are often manifested at an early period. When they occur, a presumptive diagnosis can be made and early intervention followed.

Cancer of the rectum and of the sigmoid flexure of the colon can be recognized by the use of the proctoscope.

In cancer of the breast, adhesions to the skin (the orange peel skin) are pathognomonic, often sufficiently precocious.

III. *Occupational Cancer.* The part played by occupations, shows clearly the result of local irritation. Cancer is of particularly frequent occurrence, (1) in chimney sweeps, the soot containing sulphurous acid, ammonia, and even arsenic; (2) in gardeners, who sprinkle their plants with soot. (In this instance localized upon the hand.) (3) in workers in coal tar, paraffin, anthracene, pitch and in less degree the distillation of benzine and creosote; epitheliomata of the cornea have been remarked as instances of particular localization; (4) in the industries for the production of fuel, oils and turpentine; (5) in all the occupations dealing with alcohol. It is due to the forced abstention from alcohol that cancer is of remarkable rareness in prisons and lunatic asylums; (6) in miners in which it exercises especial predilection for the lungs; (7) In breweries where charcoal is handled freely and as a result exposure to the dust of soot is constant. Besides sulphurous acid is used to preserve the hops; (8) in boatmen upon steam vessels (smoke, soot); (9) in workers in tin (sulphuric acid), in lead (especially in the case of workers in galena, or sulphate of lead), in rubber (sulphuric acid, alum), in general in all chemical industries; (10) by the action of the x-ray, of radio-active substances and perhaps even by prolonged exposure to a brilliant light.

The action of these different causes shows that cancer should be without doubt regarded as frequently of occupational origin.

IV. *Relation of Cancer to Traumatism.* While occupational influences are important and incontestible, the role of traumatism is even more fully discussed by Hoffman.

In many of the published cases, mistakes are apt to have been made from the inveterate tendency of the human mind to explain a local lesion by attributing it to a local cause. He cites the statement of Williams: "It is commonly held that cancer is the result of injury."

Now men are three times more subject to traumatism than women, yet men are affected with cancer about half as often. The value of this objection is somewhat diminished by the fact that the greater frequency in women depends solely on the very frequent localization of cancer in the breast and the womb.

From the point of view of legal medicine and accident indemnity, Thomas Oliver recommends at all times an extreme caution before admitting traumatism as a cause. To accept it, not only is it necessary to have an accurate history, but a minute examination of the tumor when removed. Very often it is discovered that a tumor regarded as primary and of traumatic origin is in reality due to the metastasis of a cancer deeply placed and of long standing.

However, traumatism as a cause of cancer will be often invoked. In his exhaustive analysis of cancer by regions, Hoffman gives the following:

Of 32 cancers of the bladder, four were probably of traumatic origin.

Of 314 cancers of the breast in women terminating in death, traumatism was probable forty-four times.

Of 89 fatal cancers of the liver (males), eight were due to injury.

Of 184 cancers of the liver (women), six were of traumatic origin.

Of 18 cancers of the pancreas ((males), 2 traumatisms.

Of 281 cancers of the stomach (males), 19 traumatisms.

Of 326 cancers of the stomach (female), 8 traumatisms.

Of 401 cancers of the uterus, 8 traumatisms.

Of 56 fatal cases of cancer of the skin (males), 14 were probably of traumatic origin.

These figures are the more significacnt, as L. Hoffman inclines rather to reject the theory of the traumatic origin of cancer.

V. *Cancer and Diet.* Vegetarianism lessens very much the frequency of malignant tumors, but does not suppress them entirely. These tumors, moreover, are met with though rarely in herbivorous animals. Cancer from external irritation (chimney sweeps cancer), may occur as a matter of course whatever the diet. Diet seems to exercise a well assured influence on cancers of the stomach and digestive apparatus.

When cancer has occured, the avoidance of meat and the adoption of a lacto-vegetarian diet often retards its progress.

In cases of intense anæmia, a common complication in all visceral cancers, the suppression of meat diet will sometimes increase debility and anæmia. In India, according to life insurance statistice, the mortality from cancer is low among the European immigrants (3.93 per cent of deaths). It is practically negligible and almost nil among the natives, which seems to be due to their sobriety and to food poor in proteins. Cancer of the stomach is nearly unknown among them. Nearly all the cancers met with are external, with a predilection for the male genitals. Of 1589 cases of cancer recorded in India and analyzed by the *Imperial Cancer Research Fund,* 1513 were found on the surface of the body and 76 only in the internal organs.

This predominance of the vegetable diet seems to explain the infrequency of cancer in Japan, in Corea, in China, in the Phillipines, in Siam and in Egypt. In Egypt and in North Africa cancer is nearly unknown among the Arabs and the people of the Soudan who live upon a vegetable diet. Practically it is only encountered among the Copts and Arabs who have to a greater or less extent adopted the European mode of living. Civilization brings with it a tendency to abuse, to excess in eating, in alcoholic drinks and coffee. It is worthy of remark that the consumption of meat progressed in parallel lines with the increase of cancer and that of biliary lithiasis. It has more than doubled. With people who live a savage life in the open air, it is noteworthy that

the large consumption of meat, and even of alcohol, seems to lose the influence it has in favoring cancerous formations. In 1910 the cause of deaths was very carefully established in 886 deaths of Indians from the far west, nine deaths only were due to malignant tumors, of which six were found in the stomach or liver. By way of contrast 1055 deaths among Chinese residents of the United States were studied. Of these, forty-four were caused by malignant tumors or a proportion four times greater.

Our overcivilized mode of living seems then to have the unfortunate privilege of being also unlucky for cancer as it has for tuberculosis and for lunacy.

VI. *Relation of Cancer and Goitre.* On the subject of goitre, L. Hoffmann begins by calling attention to the important work of Ch. Repin of the Pasteur Institute in which he demonstrates that thyroid hypertrophy is only the reflex of general nutritive disturbances, a trouble brought about by goitre-producing waters, and is without doubt a provisional means of defense against a breakdown of nutrition. He cites very curious observations made in the artificial culture of trout. Among fish endemic goitre or cancer of the thyroid gland is observed to take place under the influence of certain waters. This disease at times occurs spontaneously in fish living in liberty in places where they abound. Fish living in a wild state and absolutely healthy contract it when they are placed in establishments in which the disease is endemic. The frequency of the disease is so often noted in the salmon that it can be called epidemic. The disease in the majority of cases behaves not like simple hypertrophy but like malignant tumors—true cancer. It does not seem that anything indicates the possibility of direct transmission from a diseased fish to a healthy one. The multitude of cases point to an identical cause. Repin regards these goitre-producing waters as true mineral waters which powerfully modify nutritive changes. These waters impregnated with lime, retard metabolic changes. They create artificial arthritism. On the contrary the waters charged with soda accelerate the changes whence their employment in the treatment of rheumatic manifestations. This effect of modifying nutrition, explains another fact of the greatest importance: the an-

tagonism of these goitre-producing waters to tuberculosis or more accurately speaking, to fever and to tubercular consumption.

This influence over organic changes, whether to retard and render less active tuberculous processes or to favor and activate malignant diseases is in no way contradictory to the infectious origin of these two diseases. The modifications of the soil can, indeed, according to the special germ involved, exercise an influence either favorable or unfavorable.

In spite of the originality of these views and of their great practical interest, these ideas of Repin on the utilization of goitrigenous waters in the treatment of diseases with exaggerated nutrition (exophthalmic goitre, tachycardia, tuberculosis, etc.), were too little noticed in France. Justice appears to have been given to them at last in the United States.

VII. *The Parasitic Origin of Cancer.* Hoffman discusses very thoroughly this difficult question as well as that of families or of localities (houses, streets, villages) where cancer is especially frequent.

In his summing up he inclines to the negative view. He cites a number of interesting objections to the theory of a specific parasite.

First of all this parasite is not known to be the same for sarcoma and carcinoma. Were this so a carcinoma could, under certain conditions, be transformed secondarily into carcinoma and inversely, a process that is never known to take place.

In reality for the parasitic origin to be true it would be necessary to have a special parasite for each one of the innumerable varieties of tumor corresponding to the different cells of the economy, for each has its metastases of a fixed type.

It should even be supposed that for each animal, there should be a separate and distinct parasite. All animals, superior or inferior, have their multiple and very characteristic tumors. Nothing is more difficult than grafting tumors of a certain kind upon an animal of a different species, though the grafting will succeed with animals of the same kind. This fact is opposed to the theory of a common parasitic origin.

The communication of a cancer from a patient to a healthy person seems very doubtful. Contagion in married couples is in particular shown to be so rare that the several published observations and poorly demonstrated cases in a disease that is so common, can be explained as a simple coincidence. If cancer were an infectious and contagious disease the report of conjugal cancers should be numerous and easily demonstrated, the couples being nearly always at an age favorable for the development of the disease.

L. Hoffmann lays particular stress upon the immunity of surgeons in operations for the removal of cancer. He does not know of a single case contracted in the course of an operation. These accidents are on the contrary frequent in contagious and infectious diseases, particularly tuberculosis.

However, a reservation by Rodman is mentioned: "If ulterior researches and in particular the study of the blastomycetes prove the parasitic origin of malignant tumors, it is certain that the nature of their parasites will differ essentially from other animal or vegetable entities that go to make the contagious element in the best marked infectious diseases, such as typhoid fever and diphtheria."

The immunity of nurses who, for a great length of time, attend cancerous patients, is the same as that of surgeons.

In France* since the works of Albarran, Ch. Repin and Leroy, the infections nature of cancer is generally admitted. Its contagious power seems very little, but the soil that receives it is of greater importance than perhaps the parasite. Very early surgical intervention under this particular teaching should be undertaken in order to eradicate, and eradicate completely, the focus of extension and secondary metastasis.

After operation, a special diet consisting of vegetable food for the most part (to the exclusion of meat and irritating ingesta), and certain medicines kept up for a long time, such as arsenic, magnesia and quinine have, by modifying the soil and combatting recurrence, a real value.

---

*Dr. A. F. Plique—Popular System of Practical Hygiene—Plon-Nourrit, Editors, p. 157.

In every case, as soon as a cancer has ulcerated, very rigorous antiseptic measures become necessary. We should fear not only the specific contamination but the common dangers incident to the micro-organisms of pus.

VII. *Cancer and Appendicitis.* Primary cancer of the appendix was for a long time regarded as very rare. The statistics of 40737 autopsies at the general hospital of Vienna give only two cancers of the appendix out of 343 cases of cancer of the digestive tract.

Since removal of inflamed appendices and histological examination of the parts removed have become very frequent, the records of cancerous appendices have been multiplied.

This form of cancer, contrary to what would be expected, was observed, not at an advanced age but between 10 and 20 years. Of 69 cases, 58 (or 86 per cent), were found at this age.

This infrequency seems to be much greater than one would presume when the frequency of irritation and the presence of appendicular calculi are taken into consideration. The part played by these enteroliths does not have the same importance as that of lithisiasic obstructions in cancer of the gall bladder and the bile ducts.

Benign tumors of the appendix seem to be absolutely exceptional, a circumstance in favor of indication for operation.

The proportion of cancerous degenerations is 0.5 (20 out of 5000) chronic cases of appendicitis operated upon. The mildness of symptoms that present in the chronic form of the disease, makes the excision of the appendix more exceptional. Local extension is often intense, but metastasis is rare. L. Hoffmann does not mention the possible role of meat diet and its abuse to explain the increasing frequency of inflammation and cancer of the appendix.

IX. *Influence of Obesity, Alcoholism, Syphilis, Gout, Rheumatism and Diabetes.*—Obesity occurs very often in connection with cancer. This is the result of high living and in particular of the abuse of hydrocarbons and of fermentable food. Like alimentary excess and obesity, it is rare in infancy, rare after the age of 65 years.

Alcohol acts as a local irritant (chronic gastritis preceding certain cancers of the stomach) and as interfering with nutrition. Yet in the statistics of Bade, alcoholism in 1904 was found in only 7.5 per cent of cancer and 6.25 per cent in 1906.

Syphilis was often accused of causing cancer. Yet of 325 females affected with cancer and questioned as to syphilis, one only was found syphilitic. In another list of statistics of 160 cases of uterine cancer, one only had had syphilis. It does not appear, however, that this clinical investigation had been controlled by the Wassermann test.

Gout was also regarded as a predisposing cause of cancer. Nutritive troubles and particularly the disturbance of metabolism due to the uric acid excess which accompanies them, fortifies this opinion. There remains a contradictory fact. Gout has become very much rarer in England. Its typical form, very common 30 years ago, has almost disappeared. The mortality from gout in man was 3.7 in 100,000 in 1891. In 1910 it had diminished one-half. In this same period the mortality from cancer showed 51.8 to 85.7 in 100,000. From this a change in the morbid history of gout must be admitted.

Rheumatism, if by this name is understood the vague manifestations and poorly understood joint inflammations, is frequently met with in cancer patients. Acute articular rheumatism is rare as a forerunner of cancer. It is not the same as from chronic rheumatism or from a sojourn in a low, marshy locality exposed to overflow. In one-third of the breast cancers, this exposure to humidity was clearly demonstrated.

Diabetes—Of 200 deaths analyzed by Frerichs from this disease, cancer was the cause of death in six cases. Following are named the parts affected by the malignant tumors in forty-nine cases in which cancer was found: Breast 18, mouth 12, stomach and liver 12, rectum 2, colon and ovary, each one case. Fibrous degeneration of the pancreas will be met with in 50 per cent of diabetes but without a tendency to malignant evolution. It is then remarkable that the increase of mortality from diabetes parallels that of cancer.

X. *Influence of Tuberculosis and Malaria.* Tuberculosis has been regarded as sometimes preventing and sometimes as favoring cancer. Cancer occurs very seldom in active tubercular processes with a tendency to caseous degeneration. It is frequently encountered in cured cases of tuberculosis at the site of areas where it had existed, sclerosed spots and cicatricial remains. The excessive use of meat as food appears in some cases to contribute to this frequency as it had been at the same time the means of cure of the tuberculous process.

The antagonism of malaria to cancer is best demonstrated and most evident of all. In New Zealand the comparison of different districts seems to be conclusive in this particular. The fact is the more significant as humidity without malaria appears on the contrary to cause predisposition.

Jabouley, in France, insists strongly on this relative immunity of malarial regions. His explanation of this fact is of great therapeutic interest. The inhabitants of these regions take quinine regularly as a preventive or as a cure of malarial troubles. Now quinine possesses a palliative effect in the treatment of certain cancers, even when well established and far advanced as a lesion. When the removal of the malignant tumors has been done as a radical measure, quinine given for a long time will prevent early recurrence. This explains the antagonism to malaria but does so in an indirect way.

Selected Articles

SURGERY AND THE SURGEON.

BY DR. ALFRED BROWN,
Candler Building, Atlanta, Georgia.

Every last one amongst us appreciates the great importance attached to the earnest attempts that are constantly being exercised to enrich the profession as a whole in regard to the acute and chronic conditions that occur in the abdominal cavity.

I especially emphasize acute conditions because it is to this class of cases that the uneasiness or anxiety of the family and friends request the family physician to call a consultant. And right here is where in a great many cases all chances for the patient are exploded. It so often happens that the consulting surgeon accepts the diagnosis of the existing malady already made by the physician in charge, and that the only province over which he thinks he holds any jurisdiction is to operate, or in other words open the abdomen and look in.

This attitude of mind I do not hesitate to say is not only bad for the patient, but is the cause of so many unnecessary operations, and one of the direct causes of so much criticism being hurled upon our profession by the press.

In our daily papers we read often: Mr. or Mrs. So and So died following an operation. Literally this is true and the public usually accepts this as it is written, never making any distinction between a preëxisting cause and an amateur surgeon, thus accounting for the vials of wrath that are constantly poured upon the profession of surgery.

And, gentlemen, in spite of all this, almost every progressive physician desires surgical consultation in all cases that do not readily respond to ordinary medical or hygienic treatment. So often he hesitates to do so because from his past experience he

feels that his colleague will offer no other plan than that I have already referred to: make an incision and look in. It is generally believed by all that a surgeon has a better understanding of morbid processes that are taking place within the body, and that he also possesses a greater appreciation of the ultimate result of this perverted physiological action. But we also know that most of them hesitate to make any definite statement or suggest medical treatment or give any encouragement until they are permitted to explore and determine the exact condition existing therein.

Here lies the stumbling block to our progress. This is the obstacle that must be removed, or in other words this is the missing-link between the internist and the surgeon. Until the surgeon reaches a higher degree of efficiency as a diagnostician, until he is able to offer an opinion worth while or something other than the usual immediate operation, and until he has learned that the scalpel is not to be used every time some patient has a stomach ache the old family doctor will continue to believe that it is to his and his patient's welfare to seek assistance elsewhere.

Let us in as few words as possible take into consideration our foundation upon which we build our argument relative to making a diagnosis and instituting proper treatment or proper advice. You will bear me out that a careful, accurate and complete history of the patient's past and present medical, or surgical life, along with a practical understanding of its significance, rarely, if ever, will such a history fail to point out a route for further investigation. Any omission of detail will in some instances distort our clinical picture and would be very apt to throw the diagnostician off the right track.

A careful physical examination and its value is so well understood and appreciated that to enter into any detail as inspecting, palpating, and percussing, is entirely unnecessary. We all make these examinations very well and so far as the library is concerned it seems to come to some satisfactory conclusion. Perhaps we might here include the laboratory. This, gentlemen, while very essential, has in many cases only a limited value and in the hands of a student is worse than useless, as it will invariably lead him astray. I wish here to emphatically emphasize that a leu-

cocytosis develops very little definite information. One urinalysis showing the presence of albumin is not sufficient to make a diagnosis of Bright's disease, nor is the presence of glucose one time an indication of diabetes any more than a diagnosis of syphilis because the patient is a negro. Much less are we justified in subjecting a patient to an abdominal operation because he shows an increased white cell count. As absurd as this sounds I have seen it done repeatedly.

A diagnosis made on physical signs alone will very often stand and when these cases respond to ordinary treatment or the proper operation performed all goes well.

The so-called therapeutic diagnosis is the big stick of the old-time doctor, and one with which he very ably defends himself and defies all comers, and the method we so often find ourselves adopting as we grow older in experience. Experience is a great teacher if we profit by it, even though our schools condemn any such practice.

What then, must be done? So far in our discussion I have mentioned very little but what can be found in any medical library and so far we probably have disposed of the majority of our cases, and in a satisfactory manner. It is to the balance of our cases that I wish to allude, which includes all those cases where a positive diagnosis is not only difficult but almost impossible to make, and what concerns the doctor more than anything else is whether or not the patient is improving or gradually getting worse? Is an operation indicated; will it do any good if performed?

It is at this point that we need the help and support of our colleague, and it is also at this point that we need the assistance of a surgeon whose enthusiasm for using his scalpel has dwindled down to good sound scientific judgment and conservatism. If he is well informed and has had good surgical training he does and has a right to know and better appreciate the significance of the character of the pulse and its variations, the cycle of the temperature curve, the laboratory findings and its significance, and the changes that have taken place in regard to their relation to each other. Last, but very important, and I especially wish to

emphasize and can only be learned by observation, is the general appearance of the patient, the expression of the face, their position and their attitude toward what has been their life interests. These points taken collectively and when properly understood, present a picture that will rarely if ever lead you astray, and when such a picture is presented or placed before the eye of a surgeon, mellow with experience and possessed of good sound surgical judgment, any doctor will not only find solace and consolation, but good genuine information, the brand he has been seeking, and in such a surgeon the medical profession and the whole populace will and must then and there only, place their confidence.

Perhaps I speak too positively, and perhaps I eulogize our seniors in excess of their merit, but any physician that does ever so little practice will agree that the number of people going about with the scars of abdominal incisions that have received absolutely no benefit and in many instances much worse off from the ordeal they were subjected to, and are condemning our profession are gradually on the increase. This condition, gentlemen, did not exist until the country became flooded with the spirit of surgical enthusiasm extending to the point of fantasy, and today the belief appears to be getting more general that every woman, regardless of age, suffering from any menstrual disorder should have their ovaries resected, and woe unto him who should be so unfortunate as to have an abdominal pain, regardless of what might be the cause. According to present opinion now being propagated none amongst us would care to be accused of giving such a patient any medication—we must immediately transfer them to a hospital and operate.

When it comes to a final decision it would be far better to operate a dozen times unnecessarily than to commit the grave error of overlooking one. But in the light of present times mistakes should be few, and would be fewer if we were more exacting in our deductions and placed more confidence in our ideas and observations. So often we disregard the information that we have derived from our experience to accept some wild-cat idea that is given us through various sources. Perhaps these ideas are prop-

agated in good faith, and when confined to the community in which they are inspired may be of some value. But in this fair land of ours, and amongst a people that are still living for the joy of assisting mankind we should exercise a great deal of discretion before accepting every idea that has its source in a highly commercialized community.—*Journal-Record of Medicine.*

Extracts from Home and Foreign Journals

SURGICAL

The Fate of Patients Who Have Had Stones Removed from the Kidney.

Sir John Bland Sutton (*The Lancet,* July -, 1916), says that the conservation of a disorganized and septic kidney exposes patients to the risks of future suffering from recurrent calculi. This entails repeated operations and finally removal of the kidney under adverse conditions. Endeavor to save such damaged kidneys are not examples of cautious surgery, but rather glaring instances of surgical timidity. We are all more or less influenced by a wholesome respect for renal tissue. We know, too well, that some men get on in the world with very little brain; some with none. But no man can live without a certain amount of kidney. Some push this witticism too far. Many patients suffer much discomfort, even misery, from a timid nephrotomy when their best interests demand bold removal of the disorganized kidney. When a kidney is septic, calculous, and disorganized, if its companion is normal, the diseased kidney should be removed. He has watched many patients, men and women, who had led vigorous lives after nephrectomy for calculous pyonephrosis.—*International Journal of Surgery.*

The Use of Heat in the Control of Inoperable Cancer

Dr. C. E. Tennant (Colorado Medicine) considers heat one of the most effective therapeutic means in the control of cancer, provided it is properly applied. The subsequent use of the x-ray with cross-fire applications of the rays from a hard tube is no doubt good after-treatment. The source of the heat may be varied from hot water to the actual cautery, but it must be constant, long continued and free from insulation, in order so spread evenly a temperature of 120 to 150 degree Fahr. throughout the

mass. In applying the treatment of carcinoma of the pelvis or other easily-accessible structures, the Percy cautery irons are probably most satisfactory. The abdomen, as Percy advises, should always be opened in lesions of the cervix and uterus, and the assistant's gloved hand should grasp the uterus in order to determine the position of the iron, the location of the lesion, and the degree and diffusion of the heat into and about the uterus. The limit of tolerance to heat of the gloved hand is below the point of heat at which necrosis of the tissues occurs, and this temperature tolerance is somewhere about 120 degrees Fahr. The use of heat with the Percy irons as a method of treatment is proving very satisfactory in the inoperable cancers of the lip, face, neck and breast, and is considered worthy of use as a preliminary treatment in border-line cases of this class, as well as in pelvic lesions. This should be followed later by radical excision, thereby doing away with the possibility of metastatic recurrence.—*Medical Progress.*

The Treatment by Radium of Carcinoma of the Prostate and Bladder.

Benjamin S. Barringer gives the results of his experience with this form of treatment, and states that problems presented by bladder and prostate carcinomas are so entirely different that they must be considered separately. He gives the technique of using radium in both conditions and reports of cases, and offers the following summary: By means of radium we have caused the rapid and complete disappearance of two bladder carcinomas out of nine treated. These cases were carcinomatous by cystoscopic appearance and microscopic examination. Time only will tell whether these patients are cured. In one case of prostatic carcinoma, treated for six months, the carcinoma and the symptoms have markedly retrogressed. In another case, treated three months (possibly borderland), the symptoms have improved. Of three other patients treated, one is dead, one has only recently been treated, and one is doing a full day's work but could not be reached for examination.—*Medical Record.*

The Shockless Operation.

P. Lockhart Mummery (*Lancet*, July 1, 1916), points out that the shockless operation does not seem to have received the attention from English surgeons that it deserves. Very few surgeons in Great Britain appear to be using the method at present. Sir Berkeley Moynihan advocates it as a routine measure, but still apparently uses ether as the main general anesthetic. Col. H. M. W. Gray has also adopted this method and has advocated it in a recent paper. The present war has interferred very seriously with all advances in surgery which have not a direct bearing upon the treatment of the wounded, and a somewhat elaborate technic, such as is here involved, is doubtless very difficult of application on the field. This is to be regretted, as the condition of seriously wounded men requiring immediate operation is one particularly predisposing to shock.—*International Journal of Surgery.*

The Value to the Operating Surgeon of a Thorough Understanding of Therapeutic Agents.

Albert Vandeveer, in giving his opinion on this subject before the American Therapeutic Society, considered that in general surgery the men of the future who accomplish success will be those who give the best that is in them to the study of surgical bacteriology. He expresses regret for the tendency of some of the younger men in the profession to lose interest in their cases when once they have touched upon a surgical lesion and consider the case but fit for the surgeon. In many such instances more persistent investigation would have demonstrated that therapeutic measures following a correct diagnosis would have obviated the necessity for an operation. A study, complete as possible, of all cases, employing every means at hand as an aid in diagnosis, is due the patient from a practitioner. He cites the thoroughness of the examinations of the Mayo clinic before operation is decided upon. Cases are given showing how easily symptoms may be misinterpreted, and how such cases were cured therapeutically, when they might have sent to the surgeon had not careful study

of symptoms detected the true causes. He asks that may it not be said that there will always be a border-line of cases in which both medical and surgical diagnosis may be questioned.—*Medical Record.*

Death of a Sword Swallower.

According to Weinert, a reservist who could swallow his side-arm was shot through the chest, the wound healing completely. When he first resumed his sword swallowing, the point of the weapon encountered marked resistance, followed by fatal hemoptysis. The aorta had been perforated as a result of secondary displacement of the œsophagus.—*Münchener medizinische Wochenchrfift.*

Toxicity of Salvarsan.

From the reports of Ormsby and Mitchell, Moody and Ellis, it would appear that at least some of the salvarsan recently on the market has been unusually toxic. One wonders how many others have had similar experiences. Since the war began the supply of salvarsan and neosalvarsan has been short, at times seriously so. Meanwhile, other preparations, such as diarsenol, made in Canada, and arsenobenzol, made in Philadelphia under the direction of Professor Schamberg, have been more or less used. Professor Schamberg, as will be noted from his statement elsewhere, ceased to furnish his preparation as soon as the patentees were again able to supply the foreign product. This is to be regretted since it seemed to be giving perfect satisfaction, and especially since it could be furnished to hospitals and to charitable institutions at a price much less than the foreign product. Diarsenol, however, is still being used, probably to a considerable extent, although not openly imported.—*The Jour. of the Am. Med. Asso.*

MEDICAL

Bacillemia in Tb. Shown by Post-Mortem Clots from Heart.

Wilson examined blood clots from the heart in a case of generalized miliary Tb. in which the dissemination was extreme and the tubercles relatively young. The patient, a woman of 52 years of age, became ill about October 21, 1914, with a feeling of unusual fatigue, fever and slight chilly sensations, increasing toxemia, rapidly progressing anemia, weakness and dyspnea, without any signs of localized disease. Death took place on November 29. (Many tb. lesions were found at the necropsy.) The white clots and blood found in the right side of the heart were fixed in mercuric chlorid, carefully washed, and embedded in paraffin. The sections were floated on warm carbolfachsin without removal of the paraffin, decolorized, and counterstained with methylene blue, washed, dried on the slide, the paraffin removed by warming and the use of xylene, and the sections mounted in balsam. These stained sections were then carefully searched for tubercle bacilli. Only four typical slender and beaded acidfast bacilli were found in the blood-clot sections. Sections of the tbc. lesions in the organs stained in the same manner showed the presence of similar acid-fast bacilli in enormous numbers in the focal necroses. If the other nine-tenths of the heart blood and clot not examined contained tubercle bacilli in the same proportion as the one-tenth examined, then the entire number contained in the heart blood at time of death would be forty or less. In this case, as the disease was in a most acute and severe form and the organisms were being generalized throughout the body in large numbers, the number of bacilli found in the blood at any given moment would have to be relatively small, and the chances for demonstrating their presence by stained smears, cultures, or animal inoculation could not be very favorable. In milder cases, and in cases of chronic pulmonary Tb. the chances for such a diagnostic demonstration of the bacilli in the circulating blood would seem to be very small indeed.—*Bacillemia in Tuberculosis as shown by*

examination of post-mortem clots from heart, U. F. Wilson, Jour. of Infect. Dis., Aug., xix, No. 2, 1916.

Epidemics of Pemphigus Neonatorum in Chicago.

Frederick H. Falls states that there occurred eight small epidemics of this condition in Chicago last year. The disease is an epidemic staphylococcic vesicular dermatitis usually occurring in new-born babies from the fourth to the fourteenth day, but capable of being transmitted to older children and adults. The disease is highly contagious and can be transmitted through a third party, not infected, but in contact with patients having the disease. No cases have been reported in babies who have not been exposed directly or indirectly to the cases developed in the hospital epidemics. Prompt isolation with quarantine of the obstetric wards until the last patient has left the hospital, followed by fumigation and painting, etc., is necessary. Special nurses are necessary on these cases. An efficient method of treating the lesions is to rupture the vesicle as soon as it forms and to apply 2 per cent ointment of ammoniated mercury to the lesion. Prophylactic and curative vaccines in doses of 15 millions are being tried, but their use is too limited to permit of any definite conclusions as to their value in preventing or affecting a cure of the disease. *Med. Record.*

Medical Treatment of Gastric and Duodenal Ulcers.

Harris has simplified, modified and Americanized the Lenhartz diet so that it can be carried out with greater accuracy by the average nurse or attendant than that which was originally advised. The nurse prepares enough of a mixture in the proportion of one egg and 1½ ounces of cream to 4 ounces of milk and gives it every hour from 7 a. m. to 7 p. m., in gradually increasing quantities, beginning with ½ ounce the first day and increasing ½ ounce each day. It requires six days to get up to 3 ounces at each feeding, and the quantity is kept at 3 ounces for four days. From the seventh to the tenth day a soft cooked egg and two tablespoonfuls of strained oatmeal may be given with the feeding at 7 a. m.

and 7 p. m., and at 1 p. m. two tablespoonfuls of scraped beef lightly broiled and two tablespoonfuls of thoroughly cooked rice with butter. After ten days until the fifteen day, 3 ounces of the milk and cream mixture are given at 9 and 11 a. m. and 3 and 5 p. m.; and 2 ounces of strained oatmeal with cream and sugar, and one or two thin slices of dry toast and two soft eggs for breakfast at 7 a. m. and supper at 7 p. m.; and chopped or minced chicken or scraped beef, dry toast, rice and ice cream or gelatin at 1 p. m. Butter is allowed after ten days. Beginning with the fifteenth day and for two months, the patient should have small meals three times a day, with an egg and goblet of milk between meals and at bedtime. Harris says that this diet may be begun in forty-eight hours after a hemorrhage and in three or four days after a gastro-enterostomy. In the meantime the patient may receive some nourishment by the rectum. After the sixth week and for a year after treatment the ulcer patient should follow the diet indicated in hyperchlorhydria.—*The Journal of the Amer. Med. Asso.*

Roentgen-Ray Treatment of Exophthalmic Goitre.

In the (Medical Record) Simpson reaches conclusions as follows as to the use of the X-rays in Grave's disease:

1. Many cases of exophthalmic goitre are associated with enlarged thymus glands, and this association often causes serious postoperative symptoms and even death.

2. While such an association will seriously complicate and prolong a surgical operation, it offers no such added difficulties for the Roentgen therapeutist.

3. Not only such ductless glands as the ovaries and testicles, but also the enlarged thyroid and thymus glands as well are very sensitive and may be atrophied by the Roentgen ray.

4. This theory has been amply proved by laboratory experiments and clinical results in many cases of hyperactivity of the thyroid gland—exophthalmic goitre.

5. If these cases of status lymphaticus and exophthalmic goitre will give the Roentgen ray a fair and impartial trial the

majority of them will be relieved of all troublesome symptoms and make unnecessary a disfiguring, dangerous and often futile operation.

6. The above findings are not entirely the writer's own hastily formed ideas, but include the results of several hundred cases of exophthalmic goitres that have been successfully treated by the Roentgen ray, the literature of which is open to all who may care to investigate it.—*Medical Progress.*

Measles, Pertussis and Pneumonia.

Drs. P. J. Eaton and E. B. Woods, of Pittsburg, reported a group of cases which appeared simultaneously in one family chiefly because it showed the peculiar mix-up of infectious disease that might be possible. Two children in a family were about half way through whooping cough when a third came down with measles, then whooping cough, followed by a chest deformity which gradually disappeared. One of the two children having whooping cough contracted measles, which was followed by pneumonia, while the other did not; the latter child was watched very closely. The measles were treated by cool, fresh air and vaccines. Dr. Eaton stated that it was his custom to administer vaccines to children who were exposed to measles.—*Pediatrics.*

The Use of Salt Solution by the Bowel in Infants and Children.

Dr. Edwin E. Graham, of Philadelphia, presented this paper in which he said that his experience with the Murphy method of injecting saline solution by slow proctoclysis in certain conditions in children had led him to believe that it was of much more value to the pediatrist than most of them were aware of. In the acute infectious diseases toxemia might be greatly influenced by the employment of the Murphy drip. It was also of value in uremia and suppression of urine and general speaking for toxemia from any cause, whether it was autointoxication, mineral poisoning, or

septicemia. If nephritis with edema was present the administration of salt solution by this method was unwise, although in a few such cases it had apparently been employed with success. Dr. Graham said he had been greatly impressed by the results of the Murphy drip in profuse diarrhea due to intestinal infection. In employing this method there were several points to be observed: The catheter must be introduced 4 or 5 inches into the bowel; there must be a good return flow, and the water must be kept at a temperature of about 110 degrees F. The water should have a drop of about 12 inches. It was a good plan to allow it to flow for an hour and then allow the patient a rest of one hour. If slight edema made its appearance the treatment was to be discontinued. The solution should be carefully prepared; to say a teaspoonful of sodium chloride to a pint of water was exceedingly inaccurate.—*Pediatrics.*

Bacterial Contamination of Milk.

Ruedezir, in the *Journal of Infectious Diseases*, points out that the milk may be contaminated badly by a milking machine if the teat cups and rubber tubes are not carefully cleansed and scalded before each milking. He found that in warm weather, particularly, the milk obtained by a milking machine may give a much higher count than that drawn by hand. In one dairy the milk drawn by hand contained 860 colonies, by the milking machine as generally used over 2,000,000. When the same machine was used after thorough scalding of it and the can, the count was twenty-four hundred.—*The Medical Brief.*

OBSTETRICAL

Backward Displacement of the Uterus After the Menopause.

Dr. Frederick J. McCann (*British Medical Journal*, July 1, 1916) says that as regards the above condition, if the uterus be small and atrophic, no treatment is necessary, for it will be found

that under these circumstances the displacement does not cause any trouble. If the uterus be still large and the other indications point to the necessity for an abdominal operation, a thorough fixation of the uterus can be done, since here the question of future pregnancy does not arise. Otherwise the same rules should guide the treatment as are applicable to women in the childbearing period.—*Surgical Gleanings.*

Acute Renal Infection in Pregnancy and the Puerperium.

Ninety cases of renal infection occurring in pregnancy have been observed by Harris. Many of these were mild cases, and seen only on one occasion, the diagnosis being based on ordinary clinical methods. These cases were treated by advice and medicine, and were, as a rule ,promptly lost sight of. Several were renal infections, dependent on causes other than the existing pregnancy, and were not true cases of pyelitis gravidarum. Thirty-two of the total number were more or less serious cases of pyelitis gravidarum. They were all subjected to careful cystoscopic examination, and treated by the retained ureteral catheter. The right kidney was involved in every case; in six both kidneys were affected. In no case was the left side alone affected. In the six bilateral cases the left kidney was infected after the right and to a less degree, as though it were a secondary and ascending infection. In every case of the thirty-two of the series a pure growth of *Bacillus coli, communis* was obtained from the catheterized urine from the renal pelvis, though in seven of the cases the bladder urine showed a mixed infection, with staphylococci in six and streptococci in one case.

These findings, Harris believes, warrant the two deductions that pyuria and pain confined to the left side are probably due to causes other than pyelitis gravidarum, and that pyuria in pregnancy associated with other organisms in the renal pelvis than *B. coli-communis* probably owes its origin to some cause other than pyelitis gravidarum. In 18 of the 32 cases, ureteral obstruction was situated from 6 to 8 inches above the ureterovesical ori-

fice, that is, either at or just above the level of the pelvic brim. In three of these 18 cases in which pyelo-ureterograms were made, the obstruction in all was seen to be about 1 to 2 inches above the brim. In two other cases some obstruction was encountered at the ureterovesical orifice. In the remaining 12 cases no obstruction was detected by the ureteral catheter, though in one case in which pyelography was performed, the ureter was seen to be dilated to within about 2 inches of the pelvic brim. Harris suggests that a tense psoas parvus tendon is a contributing cause of the ureteral obstruction, at any rate, in some of these cases.—*The Jour. of the Am. Med. Asso.*

Pituitary Extract in Post-Abortion Curettage.

This use of pituitary extract, as suggested by H. D. Furniss (*Surgery, Gynecology, and Obstetrics*, September, 1916), seems such a logical procedure that one wonders at not having seen the suggestion made in print long before this. Furniss administers one cubic centimeter of pituitary extract hypodermically before curetting for incomplete abortion, and has found that the most favorable time to give the pituitrin is 15 minutes before the actual curettage is begun. When the interval between injection and operation has been less, the resulting contraction has not been so pronounced. Among the advantages which accrue from the preliminary injection of pituitary extract are that it produces firm contraction of the uterus, so that the curetting is almost bloodless, and much more easily done; and that because of the contraction the uterine cavity is small and the contracted walls present a resistance to the curette which makes their cleansing less difficult, and also lessens the risk of uterine perforation. Furniss states that as yet he has not had any excessive postoperative bleeding following the use of pituitrin; but, realizing that such a possibility exists, he advises packing uterus and vagina with iodoform gauze, which is to be removed at the end of 24 hours. While Furniss' article refers to the use of pituitrin only before curetting for incomplete abortion, there seems to be no good reason why it could not be used to advantage under certain other conditions:

for example, when curetting forms part of the operative treatment in those types of cases in which the uterus is relatively large and flabby, or when curetting is done in the case of an individual whose menstrual flow is habitually excessive. It would seem, therefore, that Furniss has called attention to a therapeutic resource that will ultimately be found valuable in a far more extended field in gynecological surgery than that covered by the original suggestion—*Medical Record.*

Left Fallopian Tube Found in Left Femoral Hernia.

E. G. Renny presents a report of a case of this condition, and states that he has found no record of a similar case. The patient, aged forty-two, married, mother of three children, noticed a lump in the left groin for eighteen months. During the last five weeks it had become painful, and, thinking it was a rupture, she bought a truss and wore it. The truss made the lump very inflamed and painful. She then consulted Dr. Renny, who found a painful swelling in the groin which, on account of the inflammation present, made the diagnosis uncertain. It was dull to percussion, irreducible, with no impulse on coughing and no strangulation symptoms. The finger could be passed up the inguinal canal for a short distance. Later, after rest and a subsiding of the inflammation, an incision was made over tumor. It proved to be a femoral hernia with somewhat thickened sac, containing a considerable quaintity of green fluid, under tension. Occupying the crural canal was a red, soft substance which, when traction was made on it, proved to be the left Fallopian tube, with its fimbriated extremity presenting. This was returned to the abdomen without much difficulty.—*Medical Record.*

Uterine Fibroids.

Dr. Mary Arnold Snow, of New York, after discussing the frequency, cause, classification, diagnosis, structure, growth, site and symptoms of uterine fibroids, advocated their treatment by the X-ray, preferably by the fractional dose method. The advan-

tages of the X-ray treatment were: If left the reproductive system intact, though sterile, whereas the radical operation meant incalculable reflex shock to the system mentally and physically. The X-ray treatment was an ambulatory treatment. There was no danger from hemorrhage. The patient enjoyed her usual comfort. With proper precautions there should be no disturbance of the digestive system, as from the after effects of an anesthetic, and there should be freedom from danger to life. The lowest mortality from surgery was 3 to 5 per cent. There was no period of convalescence, and insanity never occurred. The symptoms of the induced menopause were less pronounced than those following an operation. The contraindications were: Such severe symptoms that the life of the patient would be endangered by waiting for results from the X-ray; pedunculated submucous fibroids; infectious gangrene or malignancy, or where the fibroid was associated with disease of the adnexa.—*Medical Record.*

Tubal Sterilization.

Heineberg in the *New York Medical Journal* of July 15, 1916, contributes a useful paper on this subject. From his resume of the clinical and experimental experience with tubal sterilization, he believes that we may fairly arrive at the following conclusions:

1. There is no method of tubal sterilization which affords absolute security against conception.

2. Simple ligation of Fallopian tubes with either single or double ligatures has been followed by the largest number of reported failures.

3. Excision of a wedge-shaped section from each cornu of the uterus, followed by careful closure of the opening with musculomuscular and seroserous sutures, has yielded better results than any other method.

4. In the light of our present knowledge it seems unwise to advocate any other method than cornual resection. These conclusions are in accord with those arrived at in previous reviews of this subject by Charles, Geissler, Gunther, Mironow, Offergeld, Perdrizet, Pestalozza, and Sarwey.—*The Therapeutic Gazette.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

THE CANCER PROBLEM.

We are pleased to give space to the appended card sent to us by the Executive Committee of the American Society for the Control of Cancer. We feel assured that it will lend additional interest to the translated article from the *Journal de Medecine et de Chirgurie Pratique* that appears as the leading article in this number of the Journal. The movement is eminently praiseworthy and should be encouraged by every one interested in the welfare of man. The ever-increasing mortality from cancerous affections all over the civilized world is appalling in the extreme. The mystery that surrounds the dread disease and the persistent efforts that are being made by scientists everywhere to discover the cause and the cure, makes the subject a fascinating one to all. This movement is second in importance only to that made for the checking of the ravages of the Great White Plague which movement of recent years has been pushed with the greatest enthusiasm, and we may truthfully say with decided evidence of success in the reduction of the frightful mortality that has hitherto obtained in tuberculosis.

Cancer, in certain cases, is curable beyond a doubt. Of all the myriad remedies proposed for the relief of the disease, it will be universally admitted that the surgeon's knife is the remedy *par excellence*. It is worthy of note that when the part affected by cancer is isolated as it were from contiguous tissues as in epithelioma of the lip, the uterus and its adnexa, the gall bladder, the

penis, the testicles, the extremities, etc., early operations promise complete and lasting relief. When the disease involves the female breast or internal organs in which the progress is insidious and extension rapid by reason of anatomical connections, operations for cure do not offer as much, simply from the tardiness of operative interference. We do not question but that even in these instances, if the measures for ablation were undertaken at the proper time, relief might be obtained; but delay on the part of the sufferer, and we regret to say, even on the part of the medical adviser, is too often the case. Instances are not uncommon in which operation was postponed until more positive evidence of the disease presented when the patient would be far beyond the hope of relief.

Therefore not only is there a call for the systematic education of the laity in malignant diseases, but a call equally as urgent for the education of physicians.

Were it possible, as this movement advocates, to subject everyone, young and old, to a physical examination by a competent physician at least once a year, the mortality from cancer would be greatly reduced. Early operation would then be more frequently undertaken and recurrence after operation would be exceptional. As we said above, then, this movement should be encouraged by every means possible and regular visits to physicians for close examination should be as much the custom as visits to the dentist for the preservation of the teeth.

EARLY DISCOVERY OF CANCER.

Yearly Examination Urged for Prevention of Disease.

The American Society for the Control of Cancer is strongly seconding the efforts of the National Association for the Study and Prevention of Tuberculosis to have December 6th set apart as "National Medical Examination Day." Among other observances planned for the day, Dr. Harvey R. Gaylord, of Buffalo, Director of the New York State Institute for the Study of Malignant Disease will deliver an address on cancer, at Minneapolis under the auspices of the "Health and Happiness Week" arranged

by the Minnesota Public Health Association in coöperation with other social and civic organizations.

The time is undoubtedly coming when Americans will appreciate the great wisdom of the Chinese policy of paying the doctor to keep the patient well. The rapidly growing movement in favor of an annual medical examination for every person, sick or well, promises much benefit in the reduction of the death rate from cancer as well as that from tuberculosis. In both these very prevalent diseases the hope of cure is very much greater if the ailment be recognized and treated in the earliest stages. Cancer is by no means a hopelessly fatal disease and an ever-increasing number of those afflicted are being saved through their intelligent recognition of the danger signals and their prompt recourse to competent treatment. Undoubtedly many more cases of this disease would be recognized in time for treatment in the early stages, when cure is a comparatively simple matter, if people were in the habit of consulting their physicians once a year or even at shorter intervals, and having a general physical examination.

Cancer patients are often persons who have generally enjoyed good health, have never been seriously ill and who at the time of the onset of the disease were apparently in robust health. This disease is so insidious in its approach and so often without pain in the first stages that the patient often fails to pay serious attention to the signs of danger. Statistics independently gathered by many surgeons prove that the average cancer patient waits a year or more after observing some suspicious condition before seeking the treatment which is then often too late. This disastrous delay is the main if not the sole obstacle to the successful treatment of cancer at the present time.

"Early cancer," says Dr. Charles P. Childs, a prominent English surgeon who has written one of the best popular books on the control of this disease, "produces no feeling of ill health whatever. In other words, early cancer has no symptoms. The reasons which usually induce people to consult a doctor are the suffering of pain or the feeling of ill health. Early cancer produces neither. People are far more likely to go to a dentist with an aching tooth than to a doctor with commencing cancer; they are

far more likely to consult a doctor with some trifling derangement of the liver than on account of cancer in its early stages. Owing to the insidiousness of its onset, the victims of cancer are often totally unconscious of the seriousness of the disease which has attacked them. Disaster following on delay through sheer ignorance on the part of the unfortunate sufferers that there was anything seriously the matter with them—these are the everyday experiences of surgeons who see much cancer." All good physicians, however, are familiar with the warning signs of the approach of this dangerous disease and if given a chance to examine their patients once a year, especially after the age of thirty, they could undoubtedly save many of them from death before their time.

Do You Know That

Rural sanitation is a health protection to the city dweller?

It's foolish to educate a boy and then let him die of typhoid fever?

Exercise in the garden is better than exercise in the gymnasium?

Clean water, clean food, clean houses make clean, healthy American citizens?

The State of California has reduced its typhoid death rate 70 per cent in the past ten years?

Rats are the most expensive animals which man maintains?

It is estimated that the average manure pile will breed 900,000 flies per ton?

Saponin Barred from Food Products.

Washington, D. C., December 1, 1916—The addition of saponin to food mixtures which are sold for use in place of white of eggs is regarded by the Bureau of Chemistry of the Department of Agriculture as constituting adulteration within the meaning of the Food and Drugs Act. In "Service and Regulatory Announce-

ments No. 17" it is stated that the practice is usually adopted for the purpose of concealing inferiority and that therefore it comes within the definition of adulteration in the Food and Drugs Act.. Saponin is used extensively in so-called substitutes for white of egg for the purpose of producing foam and thus giving the articles a fictitious appearance of body and therefore of food value.

Saponin is a substance that when dissolved in water foams like soap. It is extracted from plants known as soapbark and soaproot, and a few other plants, by boiling them in water. Its name is derived from the Latin word sapo, which means soap. When saponin is added to the so-called substitutes for white of eggs it produces a foam similar in appearance to the foam produced by genuine white of egg.

Important Notice.

Owing to increased cost of paper and printing material, and consequently the advanced cost of publication, we are compelled to reduce the size of the Journal to 32 pages instead of 48 as before, beginning with the January number. We assure our readers that we shall try to make up in quality what the Journal lacks in quantity and trust they will appreciate our reason for making this reduction.

To the Editor Nashville Journal of Medicine and Surgery, Nashville, Tennessee.:

Dear Sir—The National Board of Medical Examiners held its first examination from October 16 to 21, in Washington, D. C.

There were thirty-two applicants from seventeen states, representing twenty-four medical schools, and of these sixteen were accepted as having the necessary preliminary and medical qualifications, ten of whom took the examination.

The following men passed:

Dr. Harry Sidney Newcomer, Johns Hopkins University.
Dr. William White Southard, Johns Hopkins University.
Dr. Orlow Chapin Snyder, University of Michigan.

Dr. Thomas Arthur Johnson, Rush Medical School.

Dr. Hjorleifur T. Kritstjanson, Rush Medical School.

As this will be of some general interest, we would appreciate a notice of this examination in your journal.

Very truly yours,

J. S. RODMAN,
Secretary.

P. S.—The second examination will be held in Washington, D. C., June, 1917. Further information may be had by applying to Dr. J. S. Rodman, Secretary, 2106 Walnut St., Philadelphia, Pa.

Obituary

DR. JOHN S. CAIN.

Dr. John S. Cain, one of the most distinguished physicians of the South, died at his home in Sewanee, Tenn., December 3, 1916, at the age of 86 years. Dr. Cain was born in Sumner County, Tennessee, August 3, 1830. He, in his early life, moved to Nashville, where he secured his education. He first studied civil engineering, but later studied medicine in the offices of Drs. W. K. Bowling and Wm. A. Cheatham. In 1884 he accepted the chair of gynecology in the Nashville Medical College, and after a time was transferred to the chair of Medicine in the Medical Department of the University of Nashville. In 1886 he organized the Medical Department of the University of the South, where he taught for a number of years. He served during the war as surgeon in the Confederate service. He received many honors from the profession and at one time was president of the Tri-State Medical Society, composed of Arkansas, Mississippi and Tennessee. Dr. Cain was a brilliant physician, a thorough, painstaking teacher and an attentive practitioner of medicine. He was greatly admired and beloved by his colleagues in the profession and his humorous, sometimes quaint, but always instructive, lectures will

be long remembered by those who sat under his teaching. His star will shine for a long time in the firmament of departed physicians—a memory we delight to honor.

Dr. Gordon White.

This eminent dentist died in this city December 6th after an illness extending over several months, though he was at work up to a very short time before the acute attack to which he succumbed. Dr. White was one of the best known men in the dental profession in the South, and he had acquired a reputation for skill, especially in his treatment of Riggs disease, that extended all over this country and even to Europe. He had many honors bestowed upon him, among them the presidency of the Southern Dental Association. He graduated in dentistry from the Baltimore College of Dental Surgery in March, 1879. He at once began the practice of his profession in Nashville and in a short time acquired a reputation equalled by few and surpassed by none. His friends were legion and with them he was always a favorite. His open-hearted genial manner attracted to him a coterie of friends that very few men are fortunate enough to have. He was an indefatigable worker and a close student. He was never attached to a teaching institution, though he delivered lectures frequently to classes in various colleges. His death is a great loss to the dental profession of this section and his demise will be a source of sincere grief among a multitude of friends.

Publisher's Department

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement in this issue. *"Robinson's Hypophosphites"* is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

"I prescribe large quantities of Tongaline for many conditions for which it is particularly indicated, but I obtain especially gratifying results from its use for what are commonly called "colds," the symptoms of which are chills, fever, sneezing, coughing, etc., and for which the system requires, first of all, prompt and thorough elimination.

"I order four ounces Tongaline, directing that two teaspoonfuls be taken in a half glass of water, preferably hot, every two hours for three or four doses or until the patient is thoroughly under the influence of the medicine; then one teaspoonful every three hours until the attack has been aborted or the patient has recovered.

I have personally derived great benefit from Tongaline for "colds", taking it on the first appearance of any of the symptoms and in nearly every instance abort the disease and I use several bottles of Tongaline myself during the winter months in that way."

An Established Fact.

If there is one therapeutic fact that has been established beyond all question, it is that intestinal indigestion traceable to hepatic torpor and insufficient biliary secretions, will quickly respond to the action of Chionia.

This reliable preparation of Chionanthus Virginica is especially effective in these cases since it promptly stimulates the liver and

produces a notable increase in the biliary output without setting up pronounced catharsis. Thus it not only controls intestinal fermentation(but augments the secretory activity of the intestinal glands. As a consequence, the severe pain that so often characterizes intestinal indigestion—coming on two or more hours after the ingestion of food—is quickly controlled; the sallow, muddy complexion due to the absorption of intestinal poisons rapidly clears up, and the patient's whole condition shows substantial improvement.

All this serves to emphasize that few remedies are so efficient and reliable as Chionia in the ills that we very properly have learned to lay at the door of a sluggish, indolent liver.

Obstipation Following Operation.

There are many theoretical reasons why INTEROL should be of value to the post-operatively constipated patient. But the best reason is that it IS of value.

And the most gratifying thing about it is that in most cases, while at first, the patient may need as much os 5I to ʒISS of INTEROL per day, with time, he can *diminish the dosage* to as little as half an ounce a day, or an ounce every other day, and even discontinue INTEROL for periods of time.

In many cases, INTEROL is the last resort to avoid another use of the surgeon's knife.

When the Heart Needs Help.

In everyday practice there is a constant demand for a safe and reliable cardiac tonic, a remedy that will correct irregularity of the heart's action, and at the same time give the aid and support needed to enable it to do its work satisfactorily.

Among the remedies that have been used to overcome the functional disorders of the heart, which, if not serious, nevertheless cause much anxiety to the afflicted patient, there is none that has proven so generally useful as Cactina Pillets.

Non-cumulative in its effects, Cactina can be administered with every confidence in its power to support the tired, over-worked heart, regulate its action and as one physician has expressed it, "help it over the hard places."

It is this dependable tonic action of Cactina that has led so many physicians to prefer it to other remedies in the treatment of tachycardia, tobacco heart, palpitation, arrhythmia and functional diseases of the heart generally. Its efficiency is shown in no uncertain way by the aid afforded "when the heart needs help."

NASHVILLE JOURNAL

—OF—

MEDICINE and SURGERY

C. S. BRIGGS, A.M., M.D.
EDITOR and PROPRIETOR

Volume 110—January-December, 1916

NASHVILLE, TENNESSEE
1916

TABLE OF CONTENTS—VOLUME CX

Acute Appendicitis with Peritonitis, their Relations and Treatment.. 434
Administration of Diphtheria Antitoxin—Safety First..... 456
A Simple Device for Locating Foreign Bodies in Fingers..... 462
American Proctological Society..... 398
Abdominal Pregnancy, Probably Primary..... 419
Acute Appendicitis 122
A Sign of Fracture of the Pelvis..... 167
A Simple Method of Removing Flat Foreign Bodies from the Trachea of Young Children..... 216
Annual Report of Surgical Operations at Briggs' Private Surgical Infirmary 289, 338
Anthrax due to Shaving Brush..... 366
A New Paste for Skin Affections..... 366
Ammonia as an Enema..... 367
A Domestic Remedy for Whooping Cough..... 511
Acute Renal Infection in Pregnancy and the Puerperium..... 555

Bacterial Contamination 554
Backward Displacement of the Uterus After the Menopause..... 554
Bloodless Operation for Hemorrhoids..... 318
Bilateral Tubal Pregnancy..... 368
Bacterin Treatment of Eclampsia..... 468
Bacillaemia in Tb. Shown by Post-mortem Clots from Heart..... 550

Certain Facts of Interest About the Cardiovascular System..... 14
Chloretone in Burns..... 27
Cesarean Section of the Cervix..... 30
Carcinoma of the Male Breast..... 66
Cure of a Vulval Cancer by Zeller's Method..... 77
Cases of Renal Tuberculosis Illustrating Modern Methods of Diagnosis 97
Chenopodium in the Treatment of Unciniariasis..... 218
Copper Sulphate Treatment of Trachoma..... 218
Cesarean Section 222

Cold Abscess of Tongue 317
Cholecystitis 317
Cholecystostomy vs. Cholecystectomy 365
Cholecystectomy 462
Colloidal Silver and Puerperal Sepsis 468

Death from Hemorrhage Following Peritonsillar Abscess 26
Direct Injections into the Heart in Desperate Conditions 74
Dymenorrhea 80
Diagnosis of Extent of Injury in Abdominal Wounds 124
Diphtheria Carriers 125
Diuresis and Milk Flow 130
Diet After Abdominal Operations 168
Dermatologic Reminders 172
Distinction Between Boils and Abscesses 414
Death Following the Sting of a Wasp 416
Death of a Sword Swallower 549

Editorial 33, 81, 133, 179, 223, 274, 327, 370, 422, 470, 513, 550
Enteroptosis 56
Effect of Phloridzin on Tumors 123
Emetine in Mucous Colitis 170
Eradicating Malaria by Way of the Human Host 171
Eclampsia 177
Extracts from an Address Delivered April 12, 1916, Before the Zoölogical Department of the University of Chicago 258
Early Ether Analgesia 415
Erysipelas Treated by Diphtheria Serum 416
Epidemics of Pemphigus Neonatorum in Chicago 551

Fracture of the Hip 161
Flapless Amputation 319
Fissure at the Anus 502

Heart Inhibition During Vomiting 127
Home Treatment of Sciatica 128
Hexal as a Urinary Antiseptic 173

Hernias of the Urinary Bladder..... 241
Hydrops Tubae Profluens..... 273

Intracranial Hemorrhage in the Newly Born..... 78
Indications for Operation in Exophthalmic Goitre..... 121
Indications and Contraindications for Abdominal Section..... 131
Injuries from Hot Water Bottle..... 126
Intestinal Stasis 169
Influenza 200
Intravenous Injections of Chloral in the Treatment of Tetanus..... 217
Is Syphilis Hereditary..... 326

Left Fallopian Tube Found in Left Femoral Hernia..... 557

Myomectomy Followed by Sepsis..... 75
Magnesium Sulphate in Non-Amœbic Dysentery..... 219
Mobilization of the Lung in Treatment of Pulmonary Tuberculosis in Early Stages 219
Medical Treatment of Diabetics..... 322
Method of Minimizing the Pain of Pregnancy..... 421
Magnesium Sulphate Lotion in Cellulitis..... 463
Medical Treatment of Gastric and Duodenal Ulcers..... 551
Measles, Pertussis and Pneumonia..... 553

Novocain Not Under Harrison Act 467
Nephropexy 320
Nature of the Lower Uterine Segment..... 325
Neurotherapy 272
Neosalvarsan in the Treatment of Tabes..... 29

Occurrence of Acidosis in Children..... 28
On the Use of Scopolamine-Morphine in Labor..... 77
Operation for Aneurysm of Extremity..... 215
Occult Blood in the Stools..... 323
Operative Treatment of Rupture of the Liver..... 364
Obituary 187, 428, 520, 564

Periodic Drinking a Form of Convulsions..... 49
Puerperal Insanity 108
Perforations in Typhoid Fever..... 145
Pituitrin in Uterine Inertia..... 176
Painless Childbirth 220
Prognostic Significance of the Urine in Puerperal Infection..... 369
Psychological Facts in Medical Testimony..... 385
Prophylaxis and Treatment of Arteriosclerosis..... 446
Pregnancy in Fibromatous Uteri..... 512
Pressure Sign of Peritoneal Irritation..... 69
Pituitary Extract in Post-Abortion Curettage..... 556

Rectal Anesthesia in Thyroidectomy..... 27
Roentgen-Ray Treatment of Exophthalmic Goitre.....68, 552
Results of Mesothorium Treatment of 100 Cases of Cancer of the Uterus 76
Removal of Ovaries..... 80
Rammstedt's Operation in Hypertrophic Pyloric Stenosis..... 272
Roentgen-Ray Treatment of Exophthalmic Goitre..... 552
Reviews and Book Notices.....44, 93, 142, 190, 237, 286, 334, 383, 430, 478, 522

Sugar for Sick Infants..... 170
Some Indications for Venesection..... 174
Successful Post-Mortem Cesarian Section..... 368
Scientific Researches into the Causes of Alcoholism and Inebriety.... 444
Surgical Treatment of Acute Epididymitis..... 464
Superfetation 469
Separation of Buttocks..... 510
Strangulation of Diaphragmatic Hernia..... 510
Surgery and the Surgeon..... 541

The Present Condition of Syphilitic Therapy..... 1
Treatment of Uterine Cancer..... 32
Transplantation of Undescended Testicle..... 66
The Treatment of Arthritis..... 71
Tuberculin Therapy 71

Treatment of Renal Diseases 72
The Dog as a Carrier of Disease 73
The Prevention of Peritoneal Adhesions 67
The Effect of Caffeine upon the Blood-flow in Normal Human Subjects 129
Treatment of Ophthalmia Neonatorum 132
The Effects of Vasectomy 167
The Physician in Industry 150
The Cause of Chorea Complicating Pregnancy 178
Thread Drainage 215
Two Cases of Acute Intestinal Occlusion Following Parturition 264
The Care and Comfort of the Surgical Patient 303
The Increase of Cancer; Some Therapeutic and Prophylactic Deductions 529
The Fate of Patients Who Have Had Stones Removed from the Kidney 546
The Use of Heat in the Control of Inoperable Cancer 546
The Treatment of Radium of Carcinoma of the Prostate and Bladder. 547
The Shockless Operation 548
The Value to the Surgeon of a Thorough Understanding of Therapeutic Agents 548
Toxicity of Salvarsan 549
The Use of Salt Solution by the Bowel in Infants and Children 553
The Cancer Problem 314
The Use of Boiled Milk in Infant Feeding 321
The Treatment of Puerperal Sepsis by Uterine Suction and Drainage.. 323
The Causes and Treatment of Sterility in Women 351
Treatment of Septic Wounds, with Special Reference to the Use of Salicylic Acid 364
The Treatment of Hemorrhoids by Interstitial Injection 415
The Treatment of Tonsillitis 418
The Suprarenals and the Thyroids 464
The Use of Emetine 466
The Fallopian Tubes in Puerperal Fever 467
The Psychology of Practical Charity 481
The Indian is No Longer a Vanishing Race 489
Treatment of Carriers of Amebic Dysentery 511
Treatment of Cancer of the Uterus 512
Tubal Sterilization 558

Use of Caffeine in Digitalis Arrhythmias..... 128
Uterine Fibroids 557

Warm Anesthetic Vapors..... 69

X-ray Treatment of Uterine Fibroids..... 175

Stanolind

Trade Mark Reg.
U. S. Pat. Off.

Liquid Paraffin

(Medium Heavy)

Tasteless—Odorless—Colorless

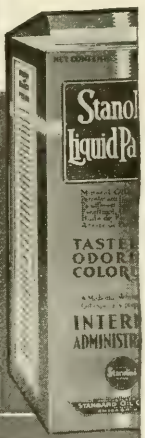
In Treating Obesity

THE reduction of diet in the treatment of obesity cases often leads to constipation. This may be successfully combated by the use of Stanolind Liquid Paraffin.

Stanolind Liquid Paraffin in no way hinders the reduction treatment, since it is entirely non-absorbable, and consequently a comparatively small amount serves the purpose. The contrary is true of vegetable oils, which are in large part digested and absorbed, so that considerable quantities must be administered in order to retain sufficient to lubricate the intestines.

Stanolind Liquid Paraffin does not rob the body of fluids as does saline laxatives; it does not disturb the liver and kidneys as do many drug laxatives; it prevents abnormal drying out of the food residues.

A trial quantity with informative booklet will be sent on request. 67c



Standard Oil Co.
(Indiana)
72 W. Adams St.
Chicago, U. S. A.

SAND & SUMPTER DRUG CO.

PHARMACISTS

CORNER UNION STREET AND FIFTH AVENUE, NORTH

Prescriptions Carefully Compounded
Surgical Dressing Supplies

DEPOSITORY FOR

E. R. SQUIBB & SON'S PREPARATIONS

OUT OF TOWN ORDERS PROMPTLY ATTENDED TO

Written Endorsements From More Than 8000 Physicians.

VIN MARIANI INTRODUCED NEARLY HALF A CENTURY AGO

"The preparation which made Coca known as a remedy!"

Priority, Facilities and Processes of Manufacture Maintain Mariana Coca Preparations Inimitable.

AVOID "COCA WINES" Extemporaneously made with **Cheap Wines and Cocaine**
Subtitutes harm patients and betray confidence in the unique properties of Coca.

VIN MARIANI

Represents TRUE COCA with a Sound Nutritous FRENCH WINE.
An Adjutant to all other Remedies in

Convalescence—Wasting Diseases—Neurasthenia

And Allied Conditions
from any cause.

THE COCA LEAF
A PERIODICAL ADVOCATING
THE RATIONAL USES OF COCA
MAILED FREE
TO PHYSICIANS ON REQUEST

Inquiries from Physicians Receive Ethical Considerations.

MARIANI & CO.,

52 West 15th Street, New York

PARIS LONDON. BERLIN. MONTREAL. Laboratories: Neuilly Sur-Seine, FRANCE.

THE CINCINNATI SANITARIUM

FOR MENTAL AND NERVOUS DISEASES

A strictly modern hospital fully equipped for the scientific treatment of all nervous and mental affections.
Situation retired and accessible. For details write for descriptive pamphlet.

F. W. LANGDON, M.D., Medical Director
B. A. WILLIAMS, M.D., Resident Physician
EMERSON A. NORTH, M.D., Resident Physician
GEORGIA E. FINLEY, M.D., Medical Matron
H. P. COLLINS, Business Manager

BOX No. 4 COLLEGE HILL CINCINNATI, OHIO

Iodinized Emulsion
(SCOTT)
THE IDEAL, INTESTINAL, ANTISEPTIC.
Indicated in Typhoid and other slow fevers. Dysentery, Chronic Diarrhœa and gastro-intestinal troubles.

Creosotonic
(SCOTT)
THE IDEAL, SYSTEMIC ANTISEPTIC.
Invaluable in Tuberculosis, Bronchitis, Pneumonia, Asthma, Catarrh and as a tonic after all exhausting diseases.

Samples and Literature free on request.
The Dawson Pharmacal Company, Incorporated. Dawson Springs, Kentucky.

NEW ORLEANS POLYCLINIC

Graduate School of Medicine Tulane University of Louisiana. Thirtieth Annual Session opens September 25, 1916, and closes June 9, 1917

Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address:

CHAS. CHASSAIGNAC, M. D., Dean.
NEW ORLEANS POLYCLINIC
Postoffice Drawer 770 **NEW ORLEANS, LA.**

Tulane also offers highest class education leading to degrees in Medicine, Pharmacy, Dentistry, Hygiene and Tropical Medicine

The Nashville Journal of Medicine and Surgery

This standard publication has just entered upon its 108TH *volume. The attention of the medical profession is called to improved appearance, and to the better character of its contents. : : : : :*

Physicians who desire to read a live, PROGRESSIVE MEDICAL JOURNAL, will do well to avail themselves of the low subscription price at which this excellent periodcal is offered.

A Handsome Premium to New Subscribers

A CLINICAL THERMOMETER FREE

To all new subscribers who will send $1.00 for one years subscription to the Journal from date, we will send a reliable clinical thermometer in nickel case, with pin and chain attached. This offer good as long as the supply lasts. Fill out coupon attached and mail at once, so as to get advantage of this offer.

Find enclosed $1.00 for which send the Journal and Thermometer to

Dr. _____

Town _____

County _____

State _____

Direct from the Still | Purified | Purified and Aged

No. 1 No. 2 No. 3

These Three Bottles, Doctor, Are For You

No. 1 Contains Cascade Whisky Just From The Still—
No. 2 Contains Cascade Whisky PURIFIED—
No. 3 Contains Cascade Whisky *Just As It Comes To You*

Purified as no other Whisky on the Market and Reaching the Consumer the Absolute Acme of Quality and Flavor.

The Samples, are Designed, Doctor, to show you the Difference Between Cascade and Other Brands

The Final Purifying Process Makes

CASCADE STAND OUT AS THE LEADING MEDICINAL WHISKY

A Post Card Brings Them To You

GEO. A. DICKEL & CO., *Distillers*, Nashville, Tenn.

CACTINA PILLETS

A dependable cardiac tonic for

FUNCTIONAL DISORDERS OF THE HEART

PRUNOIDS
A physiologic laxative that does not gripe or cause after-constipation.

SENG
stimulates gastro-intestinal functions.

A remedy of proven efficiency for supporting, strengthening, and regulating the heart's action.

SULTAN DRUG CO., St. Louis, Mo.

An Effective Alterative

rapidly readjusts bodily processes by correcting perverted functions and re-establishing normal metabolic activity. It is the capacity of

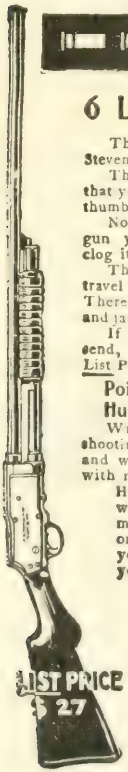
IODIA

in this direction—its well known ability to restore a proper balance between tissue waste and tissue repair that makes it of such pronounced therapeutic value in RHEUMATISM, GOUT, the SCROFULOUS DIATHESIS, LATE and HEREDITARY SYPHILIS, CHRONIC SKIN DISEASES, GOITRE and CHRONIC DISEASES IN GENERAL. For many years IODIA has been the standard tonic alterative, and the uniformly satisfactory results careful discriminating physicians have obtained in treating the strumuous disorders of all ages, have proven beyond all doubt that this eligible remedy is unsurpassed in its field of activity.

BATTLE & CO.

PARIS ST. LOUIS LONDON

Obstetrical Charts in colors, sent on receipt of 25c postage paid. Ready for delivery



6 LIGHTNING SHOTS

That's what you get if you use the Stevens Repeating Shotgun No. 520.

The repeating action is so simple that you can work it with only your thumb and finger.

No matter how fast you pump this gun you cannot possibly bank or clog it.

The empty and the loaded shells travel by **two separate routes.** There is no chance for them to meet and jam.

If your dealer hasn't it, we will send, express prepaid, on receipt of List Price, $27.00.

Points for the Sharpshooter, Hunter and Trapshooter

Write us and tell us what kind of shooting you are most interested in and we will write a letter of advice with many valuable pointers for the Hunter and Sharpshooter. We will give you short cuts to expert marksmanship, which will not only make you a better shot than you already are but will cut down your ammunition bills as well.

J. STEVENS ARMS & TOOL CO.

DEPT. S.

LIST PRICE $27

The Factory of Precision

Chicopee Falls, Mass.

McCALL PATTERNS 10¢ AND 15¢ NONE HIGHER

McCALL'S MAGAZINE 50¢ A YEAR INCLUDING A FREE PATTERN

McCALL PATTERNS

Celebrated for style, perfect fit, simplicity and reliability nearly 40 years. Sold in nearly every city and town in the United States and Canada, or by mail direct. More sold than any other make. Send for free catalogue.

McCALL'S MAGAZINE

More subscribers than any other fashion magazine—million a month. Invaluable. Latest styles, patterns, dressmaking, millinery, plain sewing, fancy needlework, hairdressing, etiquette, good stories, etc. Only 50 cents a year (worth double), including a free pattern. Subscribe today, or send for sample copy.

WONDERFUL INDUCEMENTS

to Agents. Postal brings premium catalogue and new cash prize offers. Address

THE McCALL CO., 238 to 248 W. 37th St., NEW YORK

Cerebral Sedation

is not infrequently the first and most essential detail of scientific therapeusis, and on its prompt, effective and safe accomplishment a patient's welfare is often wholly dependent. With so much therefore at stake, the selection of the hypnotic or sedative agent to be used is invariably a matter of more than ordinary importance. The preference usually given by painstaking practitioners to

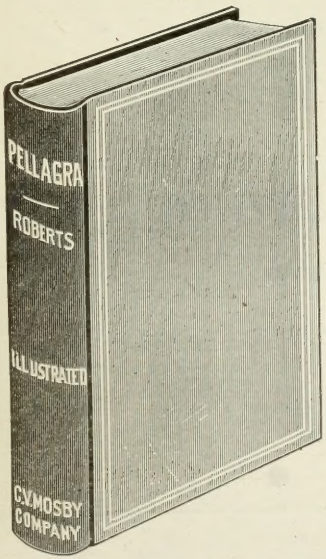
BROMIDIA

is the logical result of its well established efficacy in reducing hyper-activity of the cerebral circulation, controlling mental excitation and producing sleep that is normal, restful and recuperative.

The **exceptional quality of its ingredients, its absolute purity, constant uniformity** and **non-secrecy** are details that have helped Bromidia to hold its widely recognized position during the past thirty years, as **the safest and most dependable hypnotic** at the command of the medical profession.

BATTLE & CO.
ST. LOUIS
PARIS LONDON

The Latest Word on Pellagra



PELLAGRA

ETIOLOGY, PATHOLOGY, DIAGONOSIS, TREATMENT

By STEWART R. ROBERTS, A. B., M. Sc., M. D.

Associate Professor of Principles and Practice of Medicine, Atlanta College of Physicians and Surgeons; Neurologist to Wesley Memorial Hospital, Atlanta, Georgia.

250 Royal Octavo Pages-Illustrated-Price, $2.50

No other disease is so dreaded today as Pellagra. The meager knowledge obtainable about its etiology and the uncartain methods of treatmenl hitherto prevailing have caused it to be feared by all who are familiar with its ravages. For the first time in its history some tangible facts have been worked out along the line of etiology, and rational methods of treatment have been determined. Doctor Roberts has studied this disease in all its phases in America, and at the present time is completing personal observations of the disease in its natural habitat, Italy, working out the mooted points of etiology and pathology with the experts of Europe. Personal investigations have been conducted in the laboratory and in the homes of the stricken victims. It is needless to say that this monograph will be the latest word on this subject and will bear the stamp of authority.

This Book will be Ready for Distribution January 1, 1912.

C. V. MOSBY MEDICAL BOOK AND PUBLISHING COMPANY
METROPOLITAN BUILDING, Grand Avenue and Olive Street ST. LOUIS, U. S. A.

Robinson's Hypophosphites

NUTRITIVE, TONIC, ALTERATIVE

℞ Each fluidounce contains:

Hypophosphites	Soda - - - -	2 grains
"	Lime - - - -	1½ "
"	Iron - - - -	1½ "
"	Quinine - -	¾ "
"	Manganese -	1½ "
"	Strychnine -	1-16 "

DOSE—One to four fluidrachms.

6 oz. Bottles, 50 Cents. **Pint Bottles, $1.00.**

Robinson's Phosphoric Elixir

A Modified and Improved Form of Chemical Food

℞ Each fluidounce represents:

Phosphate	Sodium - - - - - - - -	12 grains
"	Potassium - - - - - - -	4 "
"	Calcium - - - - - - - -	4 "
"	Iron - - - - - - - - - -	2 "

FREE Monohydrated Phosphoric Acid 16 grains.

Each fluidounce is approximately equal to (30) thirty grains of Monohydrated Phosphoric Acid, FREE AND COMBINED.

An invaluable remedy in the treatment of

Nervous Exhaustion, Incipient Paralysis, Deranged Digestion, Melancholia, General Debility, Renal Troubles, Etc.

DOSE.—The average dose is a dessertspoonful (2 fldrs.) diluted with water, to be taken immediately before, during, or after meals.

PINTS, $1.00

Robinson's Lime Juice and Pepsin

Pure Concentrated Pepsin combined with Pure Lime Juice

APERIENT AND CHOLAGOGUE

Robinson's Lime Juice and Pepsin is *palatable* and *grateful* to the taste.

DOSE—Adult, dessertspoonful to table spoonful, after eating. Children one-half to one teaspoonful, according to age.

Price, 6 oz. Bottles, 50 Cents; 16 oz. Bottles, $1.00

Robinson's Elixir Paraldehyde

10 PER CENT

HYPNOTIC, SEDATIVE, ANODYNE, DIURETIC

INDICATIONS:

Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.

In doses of 45 grains, it calms restlessness and insomnia. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyde in each fluidounce.

DOSE—10 per cent. 2 to 8 fluidrachms.

PINT BOTTLES, $1.50.

N. B.—We also make *25 per cent* strength. **PRICE PER PINT, $2.00.**

Please specify **ROBINSON'S** Original Bottles. For sale by Druggists.

ROBINSON-PETTET CO.,

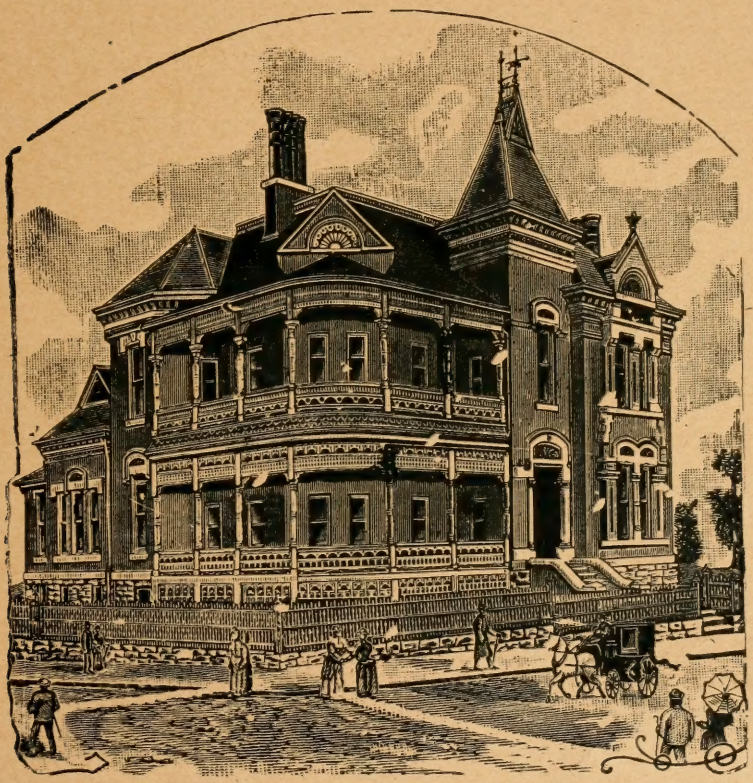
Founded 1842. Incorporated 1890

Manufacturing Pharmacists **LOUISVILLE, KY.**

Pamphlets gratis to Practitioners by Mail upon request

The Briggs Infirmary

FOR THE TREATMENT OF SURGICAL DISEASES



THIS INSTITUTION is located in the central part of the city, easily accessible by several lines of electric cars. Separate buildings for male and female patients, rooms well ventilated handsomely furnished and supplied with all the conveniences of modern hospital establishments. Excellent cuisine and competent trained nurses. The operating rooms are equipped with all the requisites of modern operative surgery. Rates of board reasonable. Twenty-Sixth season opens September 10, 1916. For further information address—

CHARLES S. BRIGGS, A. M., M. D.,

Or SAMUEL S. BRIGGS, M. D.,

Corner Summer and Union Sts. NASHVILLE, TENNESSEE

FELLOWS' SYRUP

Differs from other preparations of the Hypophosphites. Leading Clinicians in all parts of the world have recognized this important fact. HAVE YOU?

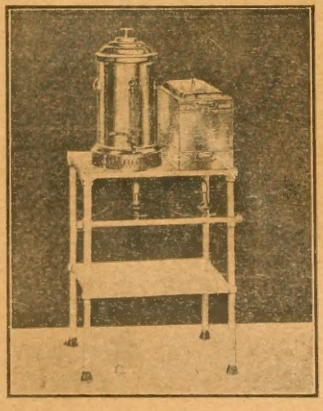
TO INSURE RESULTS,

Prescribe the Genuine

℞ Syr. Hypophos. Comp. FELLOWS'

REJECT < Cheap and Inefficient Substitutes
Preparations "Just as Good"

THE FELLOWS
MEDICAL MANFG. CO. LTD.
26 CHRISTOPHER ST.
NEW YORK



EVERYTHING FOR SICKROOMS

153 Fourth Avenue, North
NASHVILLE, TENN.

WRITE FOR PRICES

Theo. Tafel Co.

W. E. ENGLERT, Prop.

SURGICAL INSTRUMENTS, HOSPITAL SUPPLIES,
SUPPORTERS AND TRUSSES